Castlerock Recruitment Group Ltd

CRG Homecare Stockton

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection visit took place on 31 May 2017. We gave the registered manager 48 hours' notice of our inspection because we needed to be sure they would be available.

Castlerock Recruitment Group (CRG) provides personal care and support for people in their own home. At the time of our inspection 32 people were receiving personal care and support from the service. At the last inspection, in May 2015, the service was rated good. At this inspection, we found the service requires improvement.

People continued to receive safe care and support. They were protected from abuse and avoidable harm by staff who knew their responsibilities to follow the provider's procedures. Risks to people's well-being were assessed and monitored. However the registered manager did not always provide guidance to staff to help people to remain safe.

Where people required assistance with their medicines, this was undertaken safely by staff who knew their responsibilities. However medicine records were not always correct.

The provider had safely recruited a sufficient number of staff to meet people's care requirements. Staff files were inconsistent with items missing. We found these items were waiting to be filed.

People continued to receive care from staff that had the necessary skills and knowledge. Staff were trained and received on-going support so that they understood their responsibilities. People were offered food and drink based on their preferences and supported to maintain good health.

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

People continued to receive compassionate care from staff members who protected their dignity and privacy. Staff knew the people they supported and could easily explain people's life history and background, however not all this information was recorded. People were involved in decisions about their care and their independence was promoted wherever possible so that they retained their skills.

People continued to receive care and support based on things that mattered to them. People's care plans did not reflect people's current needs. Staff we spoke with were fully aware of any updates however these had not been recorded. When care plans were reviewed and people's needs had changed the care plans were not updated to reflect these changes.

People and their relatives knew how to make a complaint and there were clear procedures in place to handle them should one be received.

Staff we spoke with said the registered manager had an open ethos that encouraged feedback. Staff were supported well by the registered manager and received feedback on their work. The registered manager was aware of their responsibilities.

The registered manager carried out a range of quality checks to make sure the service was delivering a high quality service. However the quality checks did not reflect the lack of updated records.

Further information is in the detailed findings below. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service required improvement.

Risk assessments were not always in place or updated to reflect current needs.

Although medicines were administered safely the records were not accurately completed.

Recruitment records were not fully completed.

There were enough staff to make sure each persons calls were met and people had consistency with carers.

Is the service effective?

Good

The service remained good

Is the service caring?

Good

The service remained good

Is the service responsive?

Requires Improvement

The service required improvement.

Although staff provided personalised care the care plans did not reflect the persons current needs.

People were satisfied with the consistency of staff providing care.

There was a clear policy for managing complaints

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager carried out regular checks to monitor and improve the quality of the service; however the checks had not highlighted the concerns with records

Records were not always up to date to reflect people's current needs, were incorrectly completed, not dated, or unavailable

Staff felt supported by the registered manager.

The manager understood their responsibilities in making notifications to the Care Quality Commission.

CRG Homecare Stockton

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 31 May 2017. The service was last inspected in February 2015. At that inspection the service was rated as good.

The inspection team consisted of one adult social care inspector and one expert by experience who made telephone calls to people and their relatives. An expert by experience is someone who has experience of this type of service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we looked at four care plans, and Medicine Administration Records (MARs) and daily record books. We spoke with five members of care staff, plus the quality assurance manager. We looked at four staff files, including recruitment records. We spoke with 17 people and three relatives over the telephone. We spoke face to face with one person who used the service on the day of inspection. We contacted external healthcare professionals to gain their views of the service.

Requires Improvement

Is the service safe?

Our findings

Risks to people's health and well-being were assessed and reviewed. We saw that measures were in place to reduce the likelihood of an accident. However there was not always clear guidance in place for staff to follow to help people to remain safe. For example, one person had recently had a review and it was noted their needs had changed. Another person had moved house and their circumstances had changed but again records did not reflect this. Staff were aware of these changes of needs and circumstances and could explain in great detail, but the records had not been updated.

Where people required support, they received their medicines from staff when they needed them. One person told us, "They [staff] help me with my medicines so that is less worry for me, thank goodness I have them to help. " Another person said, "I am pleased I do not need to worry about my tablets because I know I would get it all mixed up I like the fact they [staff] sort them for me."

We saw that medicine administration was recorded on the medicine administration record (MAR) correctly. However, we saw one person had received a when required (PRN) medicine in March 2017; this was documented in their daily record but not on the MAR. We saw a PRN medicine was documented on a MAR from February, we asked to see the daily records for February to see if this was an error where the staff member had incorrectly put it on the wrong month's MAR or if this person had received this medicine twice. The daily record book could not be found.

Staff we spoke with could explain what medicines people were receiving and the side effects of the medicines. One staff member said, "I have one client who has a medicine where a side effect is dizziness so I am aware of that, the medicines are well managed, they have just been reviewed. They also like to take their medicines with no water; I always make a cup of tea for them to drink afterwards." Staff were trained in handling medicines and had their competency routinely checked to make sure their practice remained safe.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults. We found on each file some documents were missing. For example one person had no references recorded. When we asked about this they were still on the computer waiting to be printed off and filed. Another person had no photographic proof of identification; however there was a record of their national insurance number. The quality assurance manager said all files will be checked and had already introduced a checking system.

The service was planning on a person who used the service being involved in the interview process for potential new staff. This person said, "I am going to represent CRG at interviews, I need to ask people lots of questions."

Due to the records not being updated to reflect current needs for people, incorrectly completed MAR charts and recruitment records being incomplete. These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were protected from avoidable harm and abuse. People we spoke with told us, "Yes they [staff] are brilliant, they come three times a day rain or shine." And "Just amazing brilliant carers and I feel well looked after all the time." Staff knew their responsibilities to help protect people. One staff member told us, "Safeguarding is about protecting the client at all times." Staff knew the signs that abuse might be occurring and there were safeguarding procedures for them to follow. One staff member told us, "If I saw anything that could be classed as abuse I would do whatever to stop it immediately. I have never had to and have never seen abuse." We saw that the registered manager had alerted a social worker where they had concerns about a person's wellbeing for them to consider any necessary action.

We saw that people's homes were checked to make sure that hazards were reduced wherever possible and the provider had considered the support people would require to leave their house in the event of an emergency. We saw that the provider had a safe system for handling accidents and incidents. We also saw that the provider had a continuity plan this detailed the plans the provider had made to respond to untoward events, such as a high number of staff being sick.

The provider had recruited a sufficient number of staff to make sure that each person's care calls could be met. We found that people received care when they required it and by the same staff members each week. One staff member said, "We get enough time between calls and we get the same people and rota each week."

Good

Is the service effective?

Our findings

People received care and support from staff that were knowledgeable and had the required skills. One person told us, "All the staff that come here and help me -and I need personal care - are on the ball and well trained and confident." We saw that staff received a comprehensive induction before they started to support people and they received on-going guidance from the registered manager. One staff member said, "I had three days training in topics such as first aid, moving and handling and safeguarding, then I did shadowing for three days, I set the pace so if I felt I needed more shadowing I could have had it but I was fine." Staff received training in a range of topic areas including assisting people to move position, dementia, health and safety and first aid. Staff were complimentary about the training they were offered. One staff member told us, "We get umpteen amounts of training and it covers all angles, for example we all get in depth training on things like moving and handling, we may not care for clients who need this but it is all just in case, which is really good."

We saw evidence of supervisions, appraisals and spot checks taking place. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff confirmed they had regular supervisions and appraisals. We saw records to show that work load, personal development, risk management and quality assurance standards were topics of discussion during supervision. We asked staff if they felt supported through supervision. One staff member said, "They can be useful, especially if you are experiencing issues, I have no issues but if I do they are all cleared up." We saw evidence of spot checks taking place regularly, if concerns were found these would then take place weekly. Spot checks were unannounced and staff were checked for punctuality, uniform, how they managed people's privacy and dignity and their communication skills.

People were asked for their consent to receive care and we saw evidence of this in the care plans.

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.

We were told that everyone that used the service had the mental capacity to make their own decisions to receive care and support. If they had concerns about anyone they would complete an MCA assessment and inform the relevant people.

Where people required support to prepare a meal, the support they received was based on their preferences. One person told us that their preferences were met and said, "I have just been shopping with [carers name] and got some lovely food, lots of fruit and strawberries and jelly, yummy." People's food and drink preferences were recorded in their care plan so that staff had guidance. However it was also recorded that staff still had to ask and not presume.

People were supported to monitor their health. We saw records of referrals to different healthcare professionals. One person said, "If I am unwell they ask if I need the doctor and let my relatives know if needed and make sure I get an appointment."

Good

Is the service caring?

Our findings

People received care in kind and compassionate ways and had developed good relationships with staff. One person told us, " The staff that come to me are just amazing all the time they are never grumpy always happy." Another person said, "The carers are simply amazing and wonderful."

We asked staff how they protected people's privacy and dignity. A staff member told us, "I always knock on the door and introduce myself, I ask permission before providing any care and ask them [people who used the service] what they want and how they want it." One person who used the service said, "It's hard when you have to have personal care no matter what anyone says but the carers are so dignified and never assume I am ok they always ask and check."

Staff knew the people they provided care for. One staff member told us, "I always read the care plans which I find have in-depth detail and if there is anything I am not sure of I will ring the office, they are brilliant." Another staff member said, "I care for one person who cannot speak verbally but is brilliant at communicating with their own sign language. We all know what their signs mean." And another staff member said, "A lot of detail is in the care plan about people's likes and dislikes but we also discuss this with the client, it is good to communicate. Other things we pick up along the way, for example one person does not like cauliflower, not because of the taste but because it reminds them of brains." One person who used the service said, "They [staff] have listened to me so much they probably know what I need and like better than I do." We saw that people's care plans contained brief details about their life history including where they had worked and their family. This was important so that staff could develop good relationships with people.

Staff treated each person as an individual and listened to them and involved them in decisions about their care. One staff member told us, "I ask them [people who used the service] what do they want, what do they prefer. Then I listen to the answer, this is important because some people provide an answer that might keep the carer happy and that is not what it is about. I always check and say are you sure that is what you want or would you prefer and give examples."

We asked staff how they promote people's independence. One person who used the service said, "I get help to do things because one side of me doesn't work but I value support which gives me some freedom. Even though I am hard work they are always respectful, cheerful and kind." Staff we spoke with said, "It's all about discussion and not overtaking them, we need to step back and only help where needed. For example they may be washing the pots and take a long time, I let them rather than jumping in to get them done quicker." Another staff member said, "I involve people where possible such as if I am making a cup of tea I will ask them to get the milk out the fridge." We saw care plans promoted people's independence for example where support was needed for dressing it documented what the person was unable to do such as buttons and staff were to let them do the rest themselves if possible. Daily notes also recorded how they promoted independence for example staff would write down what had happened and how much the person had managed themselves.

One person who we spoke with during inspection said, "I am waiting for my ID badge so I can work in the CRG office, I will be doing the filing and shredding, I am so excited."

Staff gave us examples of how they would provide support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. One staff member said, "I don't judge and I don't give my opinion whatever their beliefs are."

Requires Improvement

Is the service responsive?

Our findings

We looked in detail at the care plans for five people who used the service. Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people who were planning to use to the service.

We found the care plans to contain inaccurate out of date information. For example one person's circumstances had changed completely. Staff were fully aware of this and the computer system [Webroster an online rostering and workforce management software] had been updated but the care plan hadn't. Another care plan stated in the pre assessment and in a recent review certain care needs specific to this person, none of this was documented. Staff we spoke with knew how to care for the person and we could see from their daily notes that staff followed what should have been documented in the care plan.
We found information was not always sufficiently documented and reflected in people's care plans. The care plans were not person centred and had no or very little information on the person's life history. Knowing a person's life history and provide care staff with a deeper understanding of peoples likes, dislikes, wishes and preferences and also provide information so staff can respect their needs and beliefs. However we found that staff provided person centred care that was to the person's preference and wishes. For example staff knew one person did not like to be touched, this important information was not documented. Staff could explain in detail the person centred care they required.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff we spoke with could explain how the provided personalised care for example one staff member said, "One client I go to loves banter and it starts the minute you arrive, we have added it to the care plan so staff know they are joking."

People were satisfied about the consistency of staff offering their care and support and that they arrived on time. We saw that the registered manager monitored the timings of people's calls and on review of records we saw people received calls at appropriate times and stayed the correct amount of time,

Where people had activities planned into their care they told us they were happy with this. One person said, "I go to the gym, do sports, join in a walking group and do dance- a –size." One staff member said, "Since the person has full control and choice of what we do, I come prepared. So I always have my swimming kit and gym clothes in the boot of the car." They went on to say, "This has also stopped the person worrying that they could not choose to go swimming or needed to plan in advance, I have explained to them, I am prepared for whatever they want to do."

The service also works with Step Forward Tees Valley. Step Forward Tees Valley supports local people to overcome complex reasons preventing them from finding work. We were told that the service had recently started to provide information and discuss this with people who may be interested.

There was a clear policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. It also contained information on external bodies' people could complain to if they were dissatisfied with the service's response. People and their relatives knew how to make a complaint should they have needed to although no one we spoke with had needed to make a formal complaint. One person told us, "I would not need to complain I know this but yes I could and would know what to do." The service had received one complaint which there were in the process of investigating at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

Throughout the inspection we found records were not always up to date to reflect people's current needs, they were incorrectly completed, not dated, or unavailable. Daily records, MAR charts, body maps and any record relating to the person on a daily basis were not collected monthly and audited monthly. The quality assurance manager had put a policy in place in March/April this year (2017) to say that all records were to be collected at the beginning of each month for the previous month and audited to check for omissions and errors. We found this was still not consistently happening. We found daily record books were in the office for some people for January and March but not February or April.

We found quality audits were taking place but had not highlighted any of the issues we raised. The quality assurance manager agreed to rectify the issues about records straight away.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The service was open to ideas and suggestions. We saw that people and their relatives had opportunities to give feedback on the quality of the care provided. We saw the results of a quality questionnaire that the provider had issued in May 2016. Where people had raised any concerns or issues an action plan had been implemented and the concerns investigated and rectified. People who used the service said, "If I have had a questionnaire to complete I don't remember but that doesn't mean I haven't had one." And "I saw a feedback sheet and answered it for my relative because I wanted to let them know how good they are."

Staff members told us that they enjoyed working for the service. One staff member said, "I love working here, I love the fact that they [CRG] put the client first and think about the clients wellbeing." Another staff member said, "I enjoy working here, we have a good staff team." And another staff member said, "It is brilliant, I love it, the atmosphere is good, staff get on well, we have enough time between calls and we get the same people on our rota each week."

One person who used the service said, "The staff are happy and in my experience that comes from a happy team and managers."

There was a registered manager in place who was on annual leave at the time of inspection. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities. We saw that the rating from the previous inspection had been published on the provider's website. This is required by us to ensure the provider is open and transparent with people, their relatives and those who are considering using the service.

Staff we spoke with felt supported by the registered manager. One staff member said, "They are supportive

and approachable, I have no problems going to them." Another staff member said, "They are a lovely person, any issues I have ever had are always acted on and helped where possible. I feel supported." One person who used the service said, "The manager comes around and checks that all is okay which gives me confidence in the company."

We asked staff if they attended staff meetings. Staff we spoke with could not remember attending a meeting. One staff member said, "We have one planned in for next month." We saw evidence of an office staff meeting which had taken place in May 2017. The agenda consisted of audits, MAR charts, recruitment and above and beyond. They were looking at doing some events that were above and beyond the normal working day in order to make someone else's day. We saw information of ideas they were thinking of trialling.

The service had also introduced the 'Care worker of the month.' People who used the service and staff were encouraged to nominate a staff member with a reason for their nomination.

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 17 HSCA RA Regulations 2014 Good governance Records relating to the care and treatment of people using the service were not always accurate, they were not always updated to reflect current needs, they were not always dated and were in some cases incorrectly completed. The audits had not recognised the concerns we raised about records.