Castlerock Recruitment Group Ltd

CRG Homecare Liverpool

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

We visited CRG Homecare Liverpool on 20 and 23 March 2017. CRG Homecare Liverpool provides care and support to people living in their own homes in the Liverpool area. At the time of our visit, the service was providing support for 218 people, and 110 support staff were employed.

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 service had a manager in post who was going through the registration process with Care Quality Commission.

We spoke with the area manager and the manager and they were very open and told us that they recognised that the service needed to improve. They told us they were committed to the work required and that they had in place an action plan for improvements on the employment of the new manager.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. However we found that some staff did not have references prior to employment that matched information included in their application form as was stated in the services policies. This meant the staff were possibly delivering care that the office were unaware of and that they were potentially untrained for and so putting the person at risk.

Care plans and risk assessments were in place for the care people required, however we identified that the service had an auditing system that had not been effective when checking the daily log sheets that recorded the care that was being delivered was what had been agreed in the care plan or had been risk assessed. This information did not always match and daily log sheets had not always been completed appropriately. The care records we looked at contained good information about the support people required and recognised people's needs.

The service had not notified CQC of all notifiable occurrences which meant they had not always fulfilled their responsibilities in relation to their service and registration.

Some people using the service reported that staff were not always on time or did not stay the required time. Those who had regular care staff visiting were happy with the care delivery and told us that the staff were thoughtful and caring.

Staff had access to gloves and aprons and had received training about health and safety and food hygiene this meant the infection control standards of the service were of a good standard.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

Suitable processes were in place to deal with complaints and people knew the phone numbers to ring and each person we spoke to had no complaints about the service from care staff.

The services policies and procedures had been reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment, complaints and lone working. This meant staff had access to up-to-date guidance to support them in their work.

People's care files were stored securely to protect their confidential information.

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 was not always safe

Daily log sheets were unclear in showing what care had been provided, meaning that care may have been delivered that had not been agreed in the care plan or been risk assessed.

Not all people received their care on time or staff did not always stay the allotted time.

Some staff references did not match information included in their application form.

Everyone we spoke with told us they felt safe when receiving the service.

Personal protective equipment such as gloves and aprons were available to staff.

Is the service effective?

Good

The service was effective

Staff had received an appropriate induction and received on-going training and support.

Staff were provided with regular office based and practical supervision and appraisal.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff were able to discuss what this meant in their work.

Is the service caring?

Good

The service was caring.

People told us that their dignity and privacy were respected by staff.

People we spoke with said staff were thoughtful, very caring and helpful.

People's information was held according to confidentiality policies and guidelines.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Daily log sheets had not always been completed accurately and in some cases not at all.

Care plans included what support was needed with personal care, daily living tasks and how to support people's faith or religion.

People said that staff always consulted them about how support was to be provided.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had a manager who was currently going through the registration process with CQC.

The manager and area manager were very open and transparent and had developed an action plan to improve the service.

The service had not regularly updated CQC with notifications and other information.

Audits carried out on care documentation were not always effective.

Staff said that they felt supported in their role and that communication was open and encouraged.

CRG Homecare Liverpool

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 20 and 23 March 2017. We gave 24 hours' notice to make sure that the manager would be available. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care 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.

We visited the office on 20 March 2017 and looked at records, which included 10 people's care records, eight staff files and other records relating to the management of the service. We spoke with the manager, the area manager, care co-ordinators and eight other members of staff. On 23 March the inspector made visits to people who used the service and their families. The expert by experience made telephone calls to people who used the service and their relatives.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

Requires Improvement

Is the service safe?

Our findings

People who used the service said they felt safe when supported by the staff. One person who used the service told us, "I feel really safe and looked after". We asked people if their visits were on time and if any visits were missed and we received a mixed response. One person said, "We've had some frustrations with the service but it's better now we've got a regular girl. She's a lovely woman, I trust her implicitly. She's not always here the full hour but she does what she has to do and then goes. She's wonderful, it's the agency that's bad". Another person told us, "I don't recall having any discussion with the agency about what care was going to be provided but they've given me a regular girl and she's very good. Weekends are a problem getting someone out when she's off, sometimes I don't get breakfast until 11am". However other people told us, "They come on time, stay the required time, always offer extra help". Another person we spoke with said, "I have regular carers, they're good timekeepers and always very willing to do anything that needs doing".

Risks to people's well-being had been identified and plans had been put in place to minimise risk. Risk assessments had been completed with regard to moving and handling, the environment, people's personal care and medication needs. However we saw daily log sheets that had recorded care had been delivered in observing nebulisers that had not been agreed in the care plan or risk assessed. This meant the staff were possibly delivering care that the office were unaware of and that they were potentially untrained for and so putting the person at risk. We brought this to the attention of senior staff, they informed us that this would be investigated.

We looked at a sample of eight staff files. Records showed that recruitment and checking processes had been carried out when staff were recruited. This included a criminal records check (now Disclosure and Barring Service) DBS disclosure. We found that some staff did not have references prior to employment that matched information included in their application form as was stated in the services policies. This meant that a thorough check of people's work history may not have been undertaken. However the service had recently employed a new staff member whose responsibility would be recruitment processes. The service had a disciplinary policy in place which had been followed when it was needed.

We looked at how the service supported people with their medication. We were told by people who use the service that there were no problems with medicines. Staff had received training in medication administration and had their competency checked regularly. The service had a medication policy and procedure available for staff to refer to. We spoke to the local authority who informed us that a medication error had occurred, this had not been notified by CRG to Care Quality Commission however the manager rectified this when we brought it to their attention. We looked at records completed by the service and saw that they had implemented additional training and were monitoring staff performance.

We looked at staff training records that showed that all staff had completed training about safeguarding adults and the provider had a policy on safeguarding. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary. We also asked staff if they felt comfortable whistleblowing. Whistleblowing protects staff who report something they believe is wrong within the work

place. Each staff member said yes. One staff member informed us that they would be confident that any report "Would be acted on".

We saw that personal protective equipment such as gloves and aprons were available to staff. One staff member said regarding accessing the equipment, "The team leader will always drop off anything".

We saw that the service had not had any incidents reported as accidents but they were able to show us the processes that were in place that would monitor for trends that may occur and could therefore be addressed.

Good

Is the service effective?

Our findings

People we spoke with told us that they considered the staff calling on them to be fully trained and had the relevant skills. One person said that the staff, "Seem to know what they're doing". Staff were able to tell us about the training, induction and shadowing process following their recruitment.

The service employed 110 support staff, some of whom had completed their Health and Social Care Diploma Level 2 or Level 3. During the inspection we saw how the service encouraged staff to complete their diplomas as they had organised an open day were staff came in to the office and signed up to begin their qualifications.

We reviewed eight staff files and saw evidence that staff had received a three day service based induction when they first started working at the service as well as completing the Care Certificate, which was accredited by 'Skills for Care' which is a national qualification.

Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. Subjects that had been covered included fluids and nutrition, infection control, dementia, basic life support, medication and moving and handling. One staff member was able to tell us how the training they had received had benefitted them in knowing different types of pressure relieving equipment. One staff member told us, "Yes, the training has improved" and we were told that staff had received specific training for individuals such as 'peg feeding', this is a method of ensuring a person is receiving appropriate nutrition when they are unable to eat.

Care staff had an individual supervision meeting three or four times a year and all members of staff received both community based and office based supervision. This was used as an opportunity to inform them of any changes or issues and to manage staff performance if it had been identified as a need. Records showed that some of the supervisions took the form of supervised practice and senior staff regularly worked as part of the team alongside the support staff. Staff had an annual appraisal and we saw that the appraisals were up to date. Records showed that some of the supervisions took the form of supervised practice and senior staff known as 'field care supervisors' regularly worked as part of the team alongside the support staff.

We spoke with people who had food prepared for them by staff from CRG Homecare Liverpool. They said they were very happy with everything that was done for them. One person told us, "They get me whatever I want".

CRG Homecare Liverpool had a policy in place regarding the Mental Capacity Act 2005 and we spoke with staff who were knowledgeable about mental capacity and how it could affect the provision of care for people who may not have capacity to make some of the decisions needed in relation to their support. One staff member was able to tell us how they had, "Been able to discuss dilemmas regarding mental capacity" with the managers of the service. Everyone we spoke with told us their choices were respected, one person said, "They've never refused anything I've asked".

Good

Is the service caring?

Our findings

People told us that staff were always kind and compassionate when attending to them. It was clear from the responses we received that people were very happy with the regular care staff that they had and whilst no one suggested the stand in carers were less caring it was obvious that there were frustrations with timing and what needed doing when a new staff member came.

The relative of on person using the service told us, "We have a regular girl now because we got so fed up with strangers coming all the time. That said the carer we have is a lovely woman, I trust her. She came on Christmas day even though she wasn't down to come and it was his birthday this week and she came with a balloon and a card."

Another person told us, "The carer we have now is really brilliant, lovely. She always has a smile and asks before doing anything. She treats him like a whole person. She offers him a choice of what to wear, what to eat. It's good care for him."

One person who received a service told us, "I don't think we were provided with information when we started and I don't recall being involved with the decision about what help we would get. I have a regular girl now, she asks us when we want her to come and tries to fit in with what we want. She always asks what else she can do when we're done with my personal care. She's very kind and we have a good laugh, a giggle now and again. We put the world to rights while she's here, she's like a friend almost part of the family."

We observed that confidential information was kept secure both electronically and paper based. Whist we were in attendance in the office we saw that records were kept locked or password protected and only accessed by staff.

CRG Homecare Liverpool at the time of inspection were not providing end of life care but were able to tell us how they would prepare for this by accessing end of life training for the staff.

CRG Homecare Liverpool had a service user guide in place that gave people a good range of information regarding the service that was provided including policies about confidentiality, risk taking, risk management and equal opportunities. We asked people and their relatives if they felt that the service provided information and explanations. The people we spoke to were able to tell us who they would contact if they wanted to speak to someone about the care being delivered and one relative told us that, "They've been good with communication".

We asked people and their relatives if the staff had encouraged independence and everyone we asked told us they had. One relative told us, "They're very good trying to get her back into her chair".

Requires Improvement

Is the service responsive?

Our findings

All the people who we spoke with were satisfied with the way care was provided and felt listened to. They told us that they would certainly be comfortable with expressing concerns about the service if they had any and that they knew the numbers to ring to contact the office with any concerns. However not everyone knew who the manager was or was able to tell us who any of the senior staff were, we were told, "I don't know who the manager is if I had to complain." Another person told us, "I haven't had a review for a long time but I think it's good care, certainly nothing to complain about". A relative we spoke with said, "They're good acting on concerns". A third person told us, "I've no complaints". We also spoke with the local authority who told us that a complaint that had been made about the service had been appropriately acted on. We saw how the CRG Liverpool had used any complaints to improve their service, an example being putting actions into place to email rotas to family and the monitoring of staff practice.

We saw that care planning information was kept in three different locations. These were the person's home, the lockable cabinet in the office and on a password protected database. We saw that this information was not always duplicated accurately. We noted that the database held the most up to date information about a person's care but this had not been documented in the care plan in the person's home. This meant that this person was at risk of receiving inappropriate care as staff did not have a clear plan to follow. We also noted that the daily log sheets the care workers were supposed to complete at each visit were not always fully completed appropriately. This meant that the service could not ensure that the care people had been assessed for was being delivered appropriately.

We were told of the processes followed when a referral was received. This included making appointments with people and family for initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files that were kept in the office however these were not always apparent in the files kept in people's homes. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member. Care plans had included what support was needed surrounding personal care, daily living tasks and how to support a person's faith or religion. We saw that the majority of these had been reviewed and agreed by people using the service or their relatives. However not everyone we spoke to remembered being included in the reviews of care. One person told us, "I don't recall being reviewed".

CRG Liverpool had recently employed a care needs assessor whose responsibility would be to ensure all care planning processes were followed by both the staff and management this meant that the provider had become aware of this situation some time previously and had taken steps to correct it.

All people we spoke with reported that they had full choice in their care and the way it was provided and they all considered they were in control of the care and support they received. Staff always consulted them about how support was to be provided. One person told us, "They always ask me if I want to do it (receive care)".

We asked people if they considered the service responsive. One relative was able to tell us how care staff had

identified a health problem and acted on it appropriately and another relative told us how staff had reported problems they had identified with a person's medication.

Requires Improvement

Is the service well-led?

Our findings

The service had a manager in post since who was in the process of being registered with the Care Quality Commission. She was supported by the area manager and both were very transparent and told us that they recognised that the service had areas they needed to improve and that they were committed to the work required. These planned improvements included the recruitment of key staff and the implementation of additional audits. We were shown an action plan the manager and area manager had devised in December 2016 and we were informed of the improvements already made that included improving professionalism, customer service, implementing team meetings and training.

The manager had not always regularly updated CQC with notifications and other information, this meant that the service had not always carried out their responsibilities in relation to the service and to registration with CQC. This was immediately discussed with the manager and rectified.

The service employed care co-ordinators and newly promoted field supervisors who were being trained to carry out community based supervisions and spot checks of staff. The manager and area manager informed us that this was a work in progress.

The manager and area manager informed us that they carried out various audits and we were told that care records and daily log sheets were regularly audited, however we noted that some daily log sheets were not being monitored and audited effectively and so unplanned care was potentially being delivered. We brought this to the manager's attention immediately.

The manager was able to show that they were supported by the area manager and we were told by all staff that the support was available to all employees. The manager told us how they had supervisions and face to face support from the area manager on a regular basis. The area manager visited the service regularly and gave on-going support to the manager and office staff. This showed that the manager was supported in her role and that these meetings gave the manager the opportunity to suggest improvements and highlight any issues. Staff told us that they felt supported in their role, comments from staff included, "I've had really good support" and "They've got a nice structure of support". CRG Homecare Liverpool also supported staff by introducing new initiatives. These included Care Worker of the month awards, a regional buddy system and had encouraged staff to contribute to a 'sickness and management workshop that explored why sickness management was important. CRG Homecare Liverpool also had a Food Bank partnership which meant the service engaged regularly with the community.

The service had policies and procedures in place that included health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. This meant staff had access to up-to-date guidance to support them in their work.

We saw that staff meetings had been held in January 2017 and the minutes showed that staff were comfortable speaking out and airing their views. These meeting were also used as an opportunity to enhance staff knowledge, an example being information given to staff based on the Care Quality

Commission five key lines of enquiry. One staff member told us, "Yes, they ask our advice" and they were able to give examples of this. Another staff member told us, "It's improved with the new manager". We were also told, "It's nice to work somewhere you feel comfortable". On speaking to staff we were told how there was an open and supportive culture within the organisation.

The corporate provider had carried out staff consultations in March 2017 where they were asked their opinions on branch communication, team meetings and their understanding of complaints, safeguarding and mental capacity. This was collated and passed to the branches for improvement.

A 'client consultation' had also been carried out in March 2017 by the provider's quality assurance team on 10% of the people using the services of CRG Liverpool, 100% of people felt safe, and thought the service was well led. However not everyone we spoke to had been asked their opinions of the service. One person told us, "I've had care for 18 months to 2 years. I don't have any recollection of ever having had a satisfaction survey".