

Health Care Resourcing Group Limited

CRG Homecare Clacton on Sea

Inspection report

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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 ●

Summary of findings

Overall summary

CRG Clacton is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service predominantly for older adults some of whom may have a physical disability. People using the service lived in 84 residential houses and ordinary flats across Clacton on Sea and the immediate surrounding areas.

Not everyone using CRG Clacton DCA receives personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the registered provider was providing support to a total of 84 people living in their own residential homes and flats.

This service has not yet been formally rated as it was registered in September 2017. At this inspection, which was the first for the service we found the service was rated 'Good'.

A manager had been appointed in February 2018 and was in post. An application was in progress at the time of this inspection and evidence was shown to us on the day to evidence this. 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.

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 supported this practice.

People told us they felt safe with the staff who provided their care and support. People were protected from harm because the registered provider had a robust recruitment process and staff received training in how to recognise and report abuse. People's care plans included information on how they could raise concerns if they or a relative or friend felt they were at risk of abuse.

There were sufficient staff to meet the needs of people and an on-going recruitment programme was in place. This meant the staff team was ensuring they had enough staff to meet the needs of an increase in the client group.

People were supported by staff who knew their needs and understood the importance of delivering effective care and support.

All new staff completed an induction and worked alongside staff who knew the people before they worked alone. Records showed all staff also completed training relevant to the needs of the people they provided care and support for.

All staff received one to one supervision when they could discuss their needs and the needs of the people they supported. The manager also carried out unannounced spot checks where they could observe staff and talk with people about the care they received.

People were supported by staff who were kind and caring. People also confirmed staff treated them with dignity and respect and gave them time to comment on, and contribute to their day to day care and support.

People received care and support that was responsive to their changing needs. Staff had a clear understanding of people's needs and how to meet them effectively. People were involved in discussing and setting up their care plans.

People and staff were supported by a manager, who was open, approachable and listened to any suggestions they had for continued development of the service provided. There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to recognise and report abuse.

People were supported by staff who received appropriate pre-employment checks before commencing work.

People received their medicines safely from staff who had received training to carry out the task.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff were well trained and supported.

People had their needs assessed and reviewed to make sure the care provided met their up to date needs.

Staff worked with other organisations to make sure people received effective care.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff that supported them. People felt happy and confident in the company of staff.

People received their care from staff who were kind and caring

Staff were caring and friendly. Staff showed respect to people and protected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care plans, and their reviews where they were able.

Staff had the time to spend with people, as well as providing personal care.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

The organisation had systems in place to care for people at the end of their life if necessary.

Is the service well-led?

The service was well- led.

People received a service from a provider who was committed to ensuring people had high quality personalised care.

Staff were well supported and able to discuss any issues with the manager, which led to a happy and well motivated staff team.

People had opportunities to share their views about the service.

Good ●

CRG Homecare Clacton on Sea

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 visited the office location on 12 September 2018 to see the manager and to review care records and policies and procedures. Phone calls to people using the service, relatives and staff members took place on the 13 September 2018. We also contacted the local authority safeguarding team.

The inspection was carried out by one 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.

Prior to our inspection we reviewed the information we held about the service and we contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, and looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

A Provider Information Return (PIR) was requested prior to the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

We spoke with seven people who received care in their own homes to gain their views about the service. We also spoke to three care staff, the office administrator, shift co-ordinator, deputy manager and the manager.

During the inspection we looked at a variety of records. These included care records relating to 10 people, five staff recruitment and training records. We also viewed other documentation which was relevant to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and with the staff supporting them. One person said, "Safe? of course. I can't wash or do my top half so they [staff] support me while they are doing it, making sure I am washed and dried safely." Another person said, "I am very safe with all of them [staff]. They understand all my needs. If I am having a day when I am unsteady on balancing, they won't risk taking me to shower, instead they bring a bowl of water and wash me down. Every other day I have a shower or wash down, but they wash my feet in the bowl every day. I just have a wheelchair to get me around." One relative said, "Yes I am very happy they are safe. Nothing to worry about."

Risks of abuse to people were minimised because the registered provider had robust recruitment procedures. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Other checks were also noted to be appropriate such as obtaining a minimum of two references and photographic identification.

Records demonstrated staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. The manager and staff were confident in how to raise a safeguarding concern and who they could speak with. Staff told us, "I have done my safeguarding training. If I came across an issue I would report it to the office to take it up. They would contact social services." And, "I would phone the manager immediately." Staff were also aware of the whistleblowing policy and said they had no problems talking with the manager if they thought they needed to raise any concerns.

There was sufficient staff available to meet the needs of the people being supported by the service. Each person had identified staff who worked with them. This enabled staff to provide consistent care and support. The manager confirmed they had an on-going recruitment programme and would only take new people on if they had sufficient staff to meet their needs. One person said, "Yes I have mostly regular ones [carers] coming to me. Any new ones [carers] come and introduce themselves to me." Another person said, "I do think they have enough carers as I get mostly regular carers. They are lovely girls. Any new ones covering, come and introduce themselves."

Some people required support with their medicines. The people we spoke with were happy with how staff supported them. One person told us, "They make sure I take them [medicines] in the morning when they come and also get them out of the pack ready for me to take at night time. When they come the following morning they make I sure that I have taken them and not forgotten to. They always wear gloves and aprons. It is reassuring knowing they are checking I have taken them."

The organisation's policy and procedure for the safe handling of money protected people from financial abuse. The manager told us that staff would not normally do this. However, in exceptional circumstances if people's money was handled as part of their personal care package, staff were expected to keep a record

and receipts for all monies handled.

Before providing care and support, risk assessments were completed. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. The environmental risk assessment included any entry issues, security, pets and any precautions staff needed to take. Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. Risk assessments in care plans considered areas such as assisting people to move around their home, use of a stair lift and assisting people to access the local community.

Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons. Senior staff including the manager and deputy manager visited people's homes and carried out "spot checks" where they observed staff practiced safe hygienic care. One person said, "They [staff] always wear gloves and aprons."

The manager who had only been in post about seven months at the time of this inspection was able to show they had systems in place to analyse trends and practices and learn when things went wrong. For example, one staff member told us there had already been changes with staffing and travelling times which was improving the quality of service to people.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "I am happy with the carers and their training. No issue with that." Another person said, "They certainly do all of them. They all know me and what to do and I would say that they are all trained well." And a third person told us, "Indeed. They know what my requirements are and will do anything for me which reflects on their training skills."

Staff records showed and the manager confirmed all new staff completed a full induction programme which followed the Care Certificate. The Care Certificate is a nationally recognised training programme which sets standards that social care and health workers follow in their daily working life. All new staff received basic training in the service's essential subjects, before working with people in their homes. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One person told us how they had met new staff and that they had been introduced before they became part of their care team.

Records showed and staff confirmed they had plenty of training opportunities. This included plans for annual updates of the organisations statutory subjects such as, moving and handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. On the day of inspection, we observed a group of staff receiving training in moving and handling in the office training room. The manager explained how this was done regularly with an external trainer. This meant they could ensure all staff were kept up to date with current best practices. Staff told us the training they had was sufficient for their role they said, "I believe so. I have recently had a three day refresher course training 'in house' to cover most things. They are good with training and this has improved since the new manager came." And, "Training is all up to date and is good. I have my supervision meeting next week and feel confident in what I am trained to do."

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, or spot checks (this is where the staff member is observed unannounced) the manager or deputy completed. There were also annual appraisals completed. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required within the next 12 months.

People received healthcare and support from a consistent team of staff. This enabled staff to get to know people well and the staff spoken with said they would recognise if someone was unwell or not quite themselves due to the good relationship they had with people they cared for. Prior to receiving care and support from the organisation an initial assessment of the person's needs was carried out. People were able to request the amount and type of support they needed. Each person was assessed in the same way and a plan of care agreed that met their needs and preferences and complied with current good care practice. People said they were very happy with the care and support they received. One person said, "The carers' are fine no issues with any of them."

People only received care and support with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care, or a relative if they had the relevant authority. Everybody spoken with confirmed staff always asked them first before they carried out any care.

People receiving support from the organisation at the time of the inspection were able to make their own decisions. When people lacked the capacity to fully consent to care the managers and staff knew how to act in accordance with the Mental Capacity Act 2005 (MCA). The 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 checked whether the service was working within the principles of the MCA. The manager and staff knew how to protect people's legal rights because they had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves.

Some people required assistance and support with eating and drinking. Some people also required assistance with shopping or food preparation and this formed part of the general service also essential to the maintenance of people's well-being and independence. People's care plans were very clear about their food likes and dislikes. They also emphasised the importance of maintaining good hydration and indicated what types of drinks to leave in reach when they left the person's home.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff prompted people to see health care professionals according to their individual needs, such as district nurses and GP's. Some people said they received support from their relatives to attend health care appointments

Is the service caring?

Our findings

People were cared for by kind and caring staff. People told us they found all the staff who supported them were kind and cared about their needs. One person said, "All the carers are nice and caring and friendly toward me." Another person said, "They are all great. Whatever I get from them is great. They are all so kind and nice and polite, they are a pleasure." A third person added, "Very caring, very nice, and kind whoever comes, even any new ones".

The organisation ensured that each person was supported by consistent care workers which enabled people to build trusting relationships with the staff. This aspect of the service was very much appreciated by the people we spoke with. This meant staff got to know people well and by maintaining regular care workers for people they were able to support them to be as independent as possible and offer reassurance and encouragement in their daily lives. One person said, "Yes, as they are pretty good sending me regular ones which I like to have. New ones can just arrive but are all nice and polite and introduce themselves first."

People and their relatives told us they were involved in making decisions regarding their care and they felt listened to. One person said, "They always ask first how I am and what would I like to have done first." Another person said, "Yes, the carers are all lovely and will do anything I ask of them. They will do house chores when I identify what I want doing."

Staff explained how they always obtained consent before carrying out any care. A staff member spoken with said, "I get service users that I know mostly, so yes it is important to ask for consent. You can give consistent care and get to know their likes and dislikes and things." People told us how staff always explained things to them and asked for their consent before carrying out any care and support tasks.

People told us staff treated them with dignity and respect. One person told us, "Privacy and dignity is fine. No issues. Yes, they are most respectful when I am showering making sure they wait outside the door as I suffer with giddy spells but can shower myself. They will also get a towel ready for me." Another person said, "Very good when doing my personal care and shower. When I have a bath they help me and make sure the door is closed and curtains, and that I am covered up if helping me dress."

People said communication with the manager and staff was good. Most people knew the new manager and said if they rang the office they were polite, caring and understanding. One person said, "They [staff] always spend time to talk with me which means a lot to me." Another person said, "The carers are all fine and I get on ok with them. They are very chatty and accommodating."

Is the service responsive?

Our findings

People received responsive care and support which was personalised to their individual needs and wishes. People told us they were involved in developing their care plans and they were personal to them.

Staff were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after. People could express a preference for the care worker who supported them, for example, they could choose the gender of the care worker who supported them. Comments included, "I have ladies and one man which I don't mind at all. In fact, I have a good laugh with him if he comes." And, "I have all ladies which is my preference." The manager explained they would always try and ensure the person's staff team reflected their wishes.

People's care needs were assessed on their first meeting with the manager or senior member of staff. All needs were discussed and the initial package agreed with the person or their representative, if they were unable to take part. Following the initial meeting care plans were developed outlining how their needs were to be met.

Everybody spoken with knew about their care plans and people confirmed they had been involved and had agreed the plan before they were finalised. The manager explained how they would discuss with the person the support they were able to provide. If they felt the organisation could not meet the person's needs they would refer them to another service who may be able to provide a package of care. This was to make sure the organisation could meet the person's needs and expectations.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, Additionally there was information about what was important to the person including the time they preferred the care to be provided. The care plans were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about.

The organisation worked closely with other professionals to support people to remain in their own homes. For example, if people had specialist equipment staff would get specialist training to ensure they could operate it safely. The manager explained they tried to ensure people had visits at the time of day they preferred however, they were aware of the impact this could have on staffing. They explained they never promised times they could not provide and were honest with people from the start of the care package. One person said, "Times are not too bad. Sometimes they are early in the morning, can be 8.30am instead of 9am but that's all and they always come and I get my full time." Another person said, "Times vary as they have more elderly clients to call on first who have more needs than me. I don't mind, I am happy to wait as I know they always come and don't miss a call. They always spend my allocated time with me."

People and their families were encouraged and supported to raise any issues or concerns with the staff or manager. The organisation had only been providing personal care since September 2017 and at the time of the inspection, no complaints had been received. The organisations policy and procedure for managing

complaints was available in people's care folders in their home. It also directed people to other external agencies they could raise concerns with.

The manager explained that they had a system in place to sample the views of people, relatives and other health professionals who used or were in regular contact with the service. The manager confirmed they regularly spoke with people and their relatives because they were in constant contact with staff. We saw service user questionnaires that had been sent to people in August 2018. The comments were very positive and showed 97% of people felt the service was responsive and appreciated the care and support provided. They read, " The care workers who visit are friendly and caring." One person had requested an earlier call in the morning which had been accommodated. The manager confirmed that any issues arising from questionnaires would be discussed with the person and staff and an action plan agreed to drive improvement.

The organisation was not caring for anybody reaching the end of their life at the time of the inspection. People's care plans included a section on their preferences at end of life. The manager confirmed they would liaise with community nursing teams if needed.

Is the service well-led?

Our findings

People told us they felt the organisation was well led, People said, "I am happy. They do what I need from them." And, "I certainly do. Whatever they do for me is great and I am well pleased with them all and the care they give me." Additionally, we were told, "Very happy. I have had no cause to complain and so it must be well led and managed." And, "I do think the service is well led. The service is fine and I and very happy. It is all good." One relative said, "There is a good team of staff, always someone to speak to in the office."

A manager had been appointed in February 2018 and was in post. An application was in progress at the time of this inspection and evidence was shown to us on the day to evidence this. We discussed this on the day of inspection as the service had been without a manager for over six months. We clarified there had been a delay with the application. Following our visit, we were assured the application for the manager to be registered was now progressing as it should. This was in progress at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The manager and deputy manager ran the service from the site office and staff members spoken with said that there were very clear lines of responsibility and accountability. They confirmed they saw the manager regularly and said, "The new manager is making things better. Also they listen to you. If you have a client that you think needs more time you tell them and they tell social services and they put the time up eventually. Had one person that went from a 1/2hr call to 3/4hr." and, "Yes they are supportive. Been with them over a year now, all happy." And , "I do yes. They are supportive if needed and at end of phone."

People who used the service spoke positively about the manager. Comments included, "I don't know the name of the manager but she has been here to see me and was very nice." And, "I don't know her name but know she is new. I met her once and she was very nice and supportive."

There were systems in place to share information and seek people's views about the running of the service; however the manager had only been at the service for approximately seven months at the time of the inspection. There were quality assurance systems in place to monitor care and plan on-going improvements. Quality assurance audits included audits of medication, care practices and records and full audits of care plans. The systems in place had not had time to become embedded in the everyday running of the business to show sustainability and fully evidence the improvements in the service. Evidence of the sustained use of effective governance systems will be reviewed at the next inspection.

The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The organisation had a contingency plan in place to make sure people continued to receive a service if

adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload. People's teams of staff consisted mainly of staff local to the area so if necessary some staff would be able to walk to the person to provide care.

The manager told us they upheld the vision and ethos of the service to deliver care according to the six C's. These were care, commitment, communication, compassion, competence and courage. In line with this the provider had implemented a new staff recognition scheme in September 2018 for an employee of the month to be nominated. Any staff member who attained employee of the month was then entered into a further annual awards evening which was planned for March 2019 and named Sparkle awards. The manager told us they "Wanted a service where people can talk positively about the care they receive." They also said they needed to ensure they worked to the highest standard to achieve this,

Additionally, a 'listening lunch' had been held in July 2018. This was where staff could engage with the management team, talk about what they were working on and be involved in decision making. The regional director for the company was also planning to go out with carers for a day to experience a day in the life of a carer.

The provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.