

Health Care Resourcing Group Limited

CRG Homecare Hackney

Inspection report

The Excel Building, Unit 3
6-16 Arbutus Street
London
E8 4DT

Tel: 02072499193
Website: www.CRG-uk.com/homecare

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Ratings

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

Summary of findings

Overall summary

About the service

CRG Homecare 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 to the whole population. Not everyone using CRG Homecare receives a regulated activity; 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, it was providing a service to 40 people.

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

People and their relatives told us they felt safe. However, the service was not always run safely. The provider had not always identified risks to people's health and wellbeing or developed guidance for staff about how to reduce identified risks. People were not fully protected from the risk of poor practice because staff were not aware how to escalate concerns to local safeguarding teams or the CQC.

People were at risk of not getting their medicines as prescribed. Medicine administration records did not include all medicines that had been prescribed and medicines that were no longer prescribed were being recorded as given. There were no protocols available for medicines people received on an as required basis.

The provider did not have robust and effective systems and processes to ensure the quality and safety of the service.

People told us there were not enough staff who had the right training and skills to meet people's needs.

People told us the care staff were friendly and they knew how to make a complaint if required. Staff explained how they supported people's independence and respected their diversity. The provider met people's hydration and nutritional needs and supported people to get medical treatment where required.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 2 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service has deteriorated to inadequate. This service has been rated requires improvement or worse for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safeguarding people from abuse, safe care and treatment, staffing and good governance.

We have repeated a recommendation regarding end of life care.

Please see the action we have told the provider to take at the end of this 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service not well-led.

Details are in our well-Led findings below.

CRG Homecare Hackney

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 team consisted of 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission at the time of the inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, after the inspection the registered manager deregistered and there is no longer a registered manager at the service.

Notice of inspection

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

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the regional manager, registered manager and office staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four care workers by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people's health and wellbeing were not well managed.
- The provider had a file for each person with an area to assess the risks they faced and to tell staff how the risks could be mitigated. However, not all risks people faced had been identified. For example, one person faced a serious physical risk to themselves and to care workers but this had not been identified and there was not a plan in place to avoid this harm.
- People were at risk of harm to their wellbeing because risks to their mental health had not been identified such as post-traumatic stress or schizophrenia.
- The provider had not supported staff with guidance about what to do if people living with diabetes became hyper or hypo glycaemic, meaning their blood sugar levels were not within the normal range. Staff did not demonstrate effective knowledge about how to monitor or respond to people's complex health conditions.
- Where people had been identified as facing risks to their health there was not always a plan in place to guide staff. For example, one person was identified as being at risk of pressure sores. There was not a robust plan in place and the associated risk assessment was blank. This put people at risk of harm because risks were not fully assessed and mitigated for.
- Medicines were not well managed.
- The provider could not be assured people were getting their medicines as prescribed because care records and medicine administration records (MAR) were not accurate. For example, two people's records stated they did not receive support with their medicines but daily logs showed care workers were administering prescribed medicines. There was no MAR in place to monitor this practice meaning the provider was not checking it was being administered properly.
- Care records were contradictory. One person's care record stated they required pain medicine on an as required basis but at another point stated their family supported them with their medicines. This meant staff

could not be certain whether to administer medicines or not. There was no protocol in place to guide staff about how to monitor the person's pain levels to know when to administer pain medicines.

- MAR were not accurate. For example, one person's MAR showed their family had given them a prescribed evening medicine in the morning as well as in the evening meaning the person may have received an overdose of medicine. Another medicine was being recorded as administered even though it was no longer prescribed by their GP.
- The provider had not learnt when things had gone wrong as the issues were not highlighted and addressed by the provider's medicine reviews or medicine administration audits.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not enough staff to meet people's needs.
- Although records showed the provider did not miss any calls, people's needs were not being met because care workers were often late to care visits. For example, in September 2019, there were at least 19 calls made that were more than 15 minutes late.
- Late calls were not tracked or audited by the provider to assess the reasons for lateness in order to increase punctuality or redesign the rota system.
- Staff told us they had insufficient travel time between calls meaning they were "always running late". Staff said this meant people had to stay up later than they wanted and received their medicines and food later than they wanted or needed.
- People told us lateness occurred mainly at the weekend. The provider's audits of the daily logs found call timings to be irregular and there was not always consistency of care staff, however, this had not led to improvement in lateness. This meant that people's needs were not met in a timely manner.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider followed safe recruitment practices.
- Staff recruitment records demonstrated the provider had conducted relevant checks before staff worked unsupervised at the service. There were completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risks of harm, abuse and discrimination.
- People told us they felt safe receiving care from the service. However, not all staff were aware of the types of abuse people might face. This meant they could not monitor for signs of abuse and may not know what needed to be reported to their manager in order to protect people.
- The provider had a whistleblowing policy but staff we spoke to were not aware about how to blow the whistle on abuse and poor practice to external organisations such as the police, the local safeguarding team or the CQC.

The above issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons to minimise the spread of infection.
- Information about PPE and infection control was discussed with staff at team meetings.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection we recommended the service seek guidance about supporting staff to gain the right knowledge to carry out their roles effectively. At this inspection we found not enough improvements had been made.

- Staff received training in a range of topics such as, medicine administration and moving and handling. However, the training did not always equip them with the knowledge to carry out their roles.
- People and their relatives told us they did not think the training was adequate as they were relied upon to tell care staff what to do. One person told us, "I had one visit yesterday from a new [care worker] who had no idea how to dress me, she clearly needed more training I think they send people out to [people who used the service] before they are ready".
- The provider had not supported all staff to be aware of their responsibilities about safeguarding people from abuse, or how to support people with complex physical or mental health needs.

The above issues amount to a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received regular supervisions and annual appraisals where they could seek support to carry out their roles. Staff told us they were adequate.

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

- The service sought information from the local authority about a person before a new care package commenced and recorded it in their care records. The provider then undertook their own assessments of people's needs. However, the provider had not always explored the areas the local authority had identified people required support with. For example, monitoring a person's access to food and drink.
- Staff we spoke with knew about people's preferences, likes and dislikes.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported to eat and drink enough.
- One person said they always chose what they wanted to eat and said, "they make me a lovely cappuccino."
- People's care records captured people's likes and dislikes and stated where they prefer to eat their meal.

- Staff told us how they supported people to eat and drink and daily logs confirmed this was in line with people's preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Most people stated their families supported them to meet their healthcare needs.
- Care records demonstrated the service worked with other agencies to promote people's health such as district nurses, GPs and pharmacists where required.
- Staff told us they reported deterioration in people's health to their manager and would call an ambulance in an emergency.

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. We checked whether the service was working within the principles of the MCA.

At the last inspection we made a recommendation about the service improving the quality of care in this area. At this inspection we found the necessary improvements had been made.

- The provider obtained consent to care in line with law and guidance.
- People and their relatives told us they were involved in making decisions about their care.
- People with capacity to make their own decisions had direct input about their care and their decisions were respected. For example, a person did not want to have bed rails installed after a fall and this was respected by the service.
- Where a person did not have capacity, the provider had recorded who could legally make decisions in their best interests and had involved them in the care planning process as required.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 treated people well and respected their diversity.
- Caring relationships were developed. People told us, "My main carer is wonderful; I look forward to her coming." A second person said, "they are very nice they are cheerful."
- People's diversity and equality were promoted.
- People's care plans captured their religion, sexuality, nationality and preferred name.
- Staff told us how they supported people to worship and prepared food which was in line with their religious and cultural requirements.
- The registered manager told us the service emphasised equality, and this was embedded at the service. Staff told us, "I respect everybody." People told us they were treated with respect.

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

- People were supported to express their views about their care.
- People told us they were involved in day to day care decisions. People told us, "The carers ask me how I would like things done and when. I don't have any restrictions on when I have to get up. I get to choose what I eat and drink."
- Staff explained they offer choices such as whether people wanted a bath or shower.
- Care records contained information about people's preferences such as what they like to wear and how many eggs they would like for breakfast.
- Staff gave examples about how they communicated with people who could not express themselves verbally to ensure they were providing the care they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about people in a caring and respectful way. They explained that they promoted people's dignity by conducting personal care tasks in a sensitive manner. One staff member said, "I pull down the blinds and close the door to give them privacy."
- Staff told us they encouraged people's independence. One member of staff said, "The things which [person] can do by [themselves] I am trying to not help. For example, to make a cup of tea they can put on the kettle. Because [they are] capable."
- People told us they were supported to maintain their independence and gave examples of how staff supported them to do as much for themselves as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

End of life care and support

At the last inspection we made a recommendation about end of life care support. At this inspection we found the necessary improvements had not been made.

- The registered manager told us they were not supporting anyone with end of life care.
- Staff told us they received end of life training and there was an end of life policy in place.
- However, the service had not taken steps to explore people's preferences and choices in relation to end of life care. It is important to implement this because sudden death may occur.

We recommend the provider seek further support and guidance about end of life care.

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

- Care planning was personalised and in line with people's preferences. People told us their regular carers understood their likes and dislikes.
- Care records were personalised and contained detailed information about people's background and their likes and dislikes so staff could provide care tailored to the individual.
- People told us new staff did not always provide person-centred care but their regular care workers knew what they liked and did not like. One person said, "It's lovely when my carers get to know my routine, it makes life easier for me."
- Daily logs demonstrated staff knew people well and one care worker had provided a person with information about a befriending service they may have been interested in.
- People told us they were involved in planning their care before they started receiving a service and when their needs changed. One person said, "I met with the manager initially to advise what sort of care I needed." A relative said, "I and my husband are involved in the care and any changes as they occur."

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.

- Care plans captured people's communication needs, such as hearing or visual impairments.
- Staff explained how they use different methods to communicate with people who may need extra support

because they could not communicate verbally.

Improving care quality in response to complaints or concerns

At the last inspection we made a recommendation about complaints. At this inspection the necessary improvements had been made.

- The provider recorded and acted upon complaints within their stated timeframe.
- People told us they knew how to raise concerns and gave examples of when they had been acted upon.
- One person said, "I am happy to complain. I speak up for myself."
- The service provided each person and member of staff with the complaints procedure and policy.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to implement effective quality monitoring and good governance at the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- There was not always a positive culture at the service.
- Staff responses about team morale were mixed, and one staff member told us, "No one wants to work here anymore."
- People told us the office staff were not always available to be contacted by telephone, particularly outside of normal working hours.
- The registered manager was not able to explain their full responsibilities under the duty of candour but told us they were committed to working in an open and transparent way. The registered manager stated they would address the concerns we raised with them during the inspection.

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

- During the inspection there was a registered manager in post. However, after the inspection the registered manager deregistered and the CQC has not received an application to register another manager to run the service.
- The service was not organised in a way that always promoted safe care through effective quality monitoring.
- The provider's Quality officer conducted audits of the medicine administration records (MAR) and the service reviewed care documentation every six months. However, these quality assurance systems had failed to identify and correct the issues with quality and safety we found during the inspection. Where issues had been identified the actions plans had not been effective in addressing them.
- The MAR and daily log audits were not conducted monthly as stated by the registered manager and did not highlight all the errors.
- Medicine reviews were not completed accurately because they did not always clarify whether people were

supported with medicines or not.

- Care plan documentation had been reviewed as part of an improvement action plan but the quality had not improved, for example issues remained with risk management.
- Late calls were not being recorded or investigated.

The above issues were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff responses about communication and team work was mixed. Some staff told us communication was not always effective particularly around deficiencies in the rota.
- Team meetings were held on a regular basis and some staff told us that communication had begun to improve and the team tries to support each other.
- One member of staff told us, "It's got a bit better. It was even worse. Office staff are nice and kind. They care about us. It was worse."
- People told us they were asked about the care provided and the office staff conducted spot checks of staff to see how they were interacting with the people receiving care.
- The provider worked in partnership with health and social care professionals to support people with their needs such as GPs and district nurses but broader links with the community had not been sought.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were not protected from the risk of abuse and improper treatment because systems and effective processes were not established and operated to prevent abuse of service users. Regulation 13(1), (2).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons had not been deployed. The provider had not ensured staff received appropriate training necessary to enable them to carry out the duties. Regulation 18(1) (2) (a) (b).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments lacked the detail required to effectively mitigate risks. Medicines were not consistently managed in a safe way. Regulation 12 (1) (2) (b) (g).

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes to audit the service did not operate effectively to assess, monitor and improve the quality and safety of services. The assessment, monitoring and mitigation of risks to people using the service was not effective. Regulation 17 (1) (2) (a)(b).

The enforcement action we took:

Warning notice.