Castlerock Recruitment Group Ltd

CRG Homecare Milton Keynes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 12 May 2016 and was announced.

CRG Homecare Milton Keynes provides personal care to people who live in their own homes, in order for them to maintain their independence. At the time of our inspection they were providing approximately 51 care packages, 45 of which were adult packages and the remaining six were children's.

There was not a registered manager in post when we carried out the inspection; however the provider was in the process of recruiting one. 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 not taken steps to robustly identify and assess risks to people's health or well-being. Actions to reduce risk levels were not clearly recorded therefore were not available for staff to follow.

People's consent to their care and support had been sought however; the service had not implemented systems to ensure that the principles of the Mental Capacity Act 2005 (MCA) were always adhered to if people lacked mental capacity. Appointments and visits from healthcare professionals had not been recorded effectively; therefore this information was not available to staff to ensure they gave appropriate care and support.

People's care was person-centred and sensitive to their specific needs and wishes however; care plans were not always reflective of this and did not always provide staff with person-centred information. People were able to make complaints about the care that they received and were happy to do so if necessary. There were systems in place to ensure complaints were looked into and dealt with appropriately.

There was a lack of clear leadership at the service. Staff had worked hard to minimise the impact of this on people and their care, however; some areas, such as quality assurance processes, had not been fully completed as a result. In addition, there had not been an effective handover when the registered manager had left and interim arrangements for management at the service had not been implemented. There was however a positive and open culture at the service and staff had worked hard to ensure people continued to receive their care, treatment and support.

Staff had knowledge and understanding of abuse and worked to keep people safe from avoidable harm. If abuse or harm was suspected, appropriate procedures were followed to record and report it. Staffing levels were sufficient to ensure people's needs were met and staff had been recruited following safe and robust practices with appropriate checks being carried out. Staff were also able to provide people with their medication safely, where necessary.

Staff members were provided with regular training and support to ensure they had the skills and knowledge to perform their roles and meet people's needs. They also provided people with support to ensure they had a healthy and sufficient diet, if this was required.

There were positive and meaningful relationships between people and members of staff. Staff treated people with kindness and compassion and spent time getting to know them and build up a professional relationship. People had been involved in planning their care and were consulted about how they wanted to be looked after. They were also provided with information about the service and the care that they could expect from them. Staff treated people with dignity and respect.

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.

Risks to people's safety and well-being were not always identified or assessed by the service, and actions to minimise risks were not clearly stated.

Staff worked to keep people safe from avoidable harm or abuse. If they suspected this had taken place, procedures were in place to record and report it.

There were enough staff to meet people's needs. Staff had been recruited following a robust procedure.

People were supported to take their medication when necessary.

Is the service effective?

Requires Improvement

The service was not always effective.

People were asked for their consent to care, however the principles of the Mental Capacity Act 2005 were not always applied fully.

Appointments and visits from healthcare professionals were not always recorded or used to update people's care and support.

Staff received the training and support they required to perform their roles.

Where necessary, people were supported with preparing food and drink to ensure they had an adequate diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and had developed positive, meaningful relationships with members of staff.

People had been involved in planning their care and were

provided with the information they needed about their care and the service.

Staff worked to ensure they treated people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always effective.

People received person-centred care from members of staff, however their care plans were not always reflective of this.

People were able to make complaints or comments about the care that they received. Complaints and compliments were logged and investigated appropriately, to help identify areas for improvement.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager at the service and arrangements had not been made to ensure the service was managed until a new registered manager was appointed.

Some quality assurance procedures were carried out; however there were not robust systems in place to monitor the quality of care being provided and to identify areas for improvement.

There was a positive and open ethos at the service.

CRG Homecare Milton Keynes

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 12 May 2016 and was announced. We gave the provider 48 hours' notice to ensure that people and staff would be available for us to talk to.

The inspection was undertaken by two inspectors.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. 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. In addition, we asked for feedback from the local authority who have a quality monitoring and commissioning role with the service.

During the inspection we spoke with 11 people and one of their relatives by telephone to help us understand their experiences of the service. We also spoke with a quality and compliance officer, a field care supervisor and three members of care staff. In addition to this we spoke with a registered manager from another service operated by the provider, who was supporting the office staff during the inspection.

We reviewed the care records of 10 people who used the service, as well as other records relating to the management of the service. These included staff recruitment and training records, staffing rotas, audits and meeting minutes to corroborate our findings and ensure that people's care was appropriate and met their needs.

Requires Improvement

Is the service safe?

Our findings

Risks to people were not always effectively managed by the service.

Staff members explained to us that risk assessments were in place and were completed by members of staff from the office. Not all the staff members we spoke with were able to tell us about people's risk assessments, as they were not always sure where they were or what specific areas they covered. They told us that assessments gave areas of risk a rating which was used to help them manage the risks to people. We checked risk assessments and found that they were in place; however they did not consistently provide staff with specific information about risks, or the control measures implemented to manage those risks. For example, in one risk assessment we saw a rating of 'two' for nutrition, 'six' for physical health and 'three' for mobility. There was nothing to show how these scores had been calculated or what control measures had been put in place. We did see that care plans contained information about how staff should provide people with care and support, which helped them to minimise the levels of risk.

We also found that the service did not always have specific risk assessments or tools in place to help them manage specific conditions. For example, there were not tools in use to assess those at risk of developing pressure wounds or of becoming malnourished. Staff members explained to us that as they referred to external organisations, such as the district nursing team, they were not aware that they should carry out assessments of this nature.

Care and treatment was not always provided in a safe way for people. The provider had not taken steps to assess the risks to the health and safety of people receiving care from them or ensured staff had sufficient information to manage risks effectively. This was a breach of regulation 12 (1) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were aware of risk assessments which had been completed by members of staff. They told us that staff discussed risks with them and the steps that they planned to take to help avoid those risks. People's family members also told us that they were aware of risk assessments and had worked on them with members of staff, to ensure they were accurate. One family member told us, "I know my husband's risk assessments and why they are there."

We saw that there were risk assessments in people's records for the environment, to ensure that staff members were aware of potential hazards within people's homes and were able to take action to avoid them coming to harm, based on this information.

People told us that they felt safe when receiving care from the service. They explained that members of staff took steps to ensure they were safe and protected against harm or abuse. One person told us, "I feel safe with all the carers. They are very good and I feel reassured by them." Another person said, "Yes I feel safe. They are good at looking after me." A third person told us, "They make sure they lock up at night and that makes me feel safe. Sometimes I was forgetting to do it." Relatives also told us that they were confident that people were safe when members of staff were working with their family members.

Staff members were aware of the principles of safeguarding and worked to keep people safe from avoidable harm or abuse. One staff member told us, "I wouldn't hesitate to raise safeguarding concerns if I had them; we have to keep people safe." Another staff member said, "We've had training about how to report any issues." They went on to explain the providers procedures for reporting any suspected abuse to ensure people were safe from harm. We looked at safeguarding records and saw that incidents were reported appropriately, and that, where necessary, investigations had been carried out to identify the cause. This meant that the service was able to learn from these incidents to help prevent people being exposed to abuse or harm in the future.

People told us that they felt staffing levels at the service were sufficient to meet their needs. They explained that staff were usually on time for visits and if they were late, it was due to traffic conditions, rather than not having enough staff. One person told us, "The staff usually turn up on time, they are sometimes late but that can't be helped." Another person explained that staff were usually on time but always called ahead to tell them if they were going to be late. People's relatives also told us that staff were reliable and were on time when attending people's visits.

Staff members told us that they felt there were enough staff employed at the service to meet people's needs. They explained that the area covered by the service had been split into two regions and staff were, where possible, allocated to carry out visits in the area close to where they lived. This helped to reduce people's travel time between visits which helped to reduce staff lateness. Office staff showed us that there was an electronic system in place to help them manage staff rotas and ensure that people's visits were covered each week.

Staff members also told us about their recruitment. Before they were able to start working at the service, the service checked their references and made sure a Disclosure and Barring Service (DBS) criminal records check. One staff member told us, "I couldn't start until they received my references and DBS check." Office staff told us that these checks were carried out for each staff member to ensure they were of good character and suitable to work with people. We checked staff recruitment records and found that these checks had been carried out, which meant that the service had taken appropriate action to ensure that staff were suitable for their roles.

People's medication was managed appropriately by the service. People told us that, where necessary, staff provided them with support or prompts to ensure they took their medication correctly. One person said, "They help me with my medicines and remind me to take them." Another person told us, "I do have tablets and the staff just have to remind me." People were happy with the support they received to take their medication.

Staff members told us that they only provided people with assistance to take their medication if they needed it; wherever possible they encouraged people to be as independent as possible. They explained that it was detailed in people's care plans when they needed help to take medication and there was an assessment carried out to identify what support people required. Staff members also told us that they could only give medication if they had been trained to do so and had their competency assessed by a senior member of staff.

We looked at people's Medication Administration Record (MAR) charts. These were used to record when medication was given, as well as to record any problems or missed medication doses. We saw that MAR charts were completed appropriately and that medication assessments were in place in people's files. If people managed their own medication, this was clearly recorded in their assessments to ensure staff were aware of this.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff members told us that they had received training in the application of the MCA, and had seen an increase in its use at the service. One staff member said, "The MCA is always considered in the care plans." Another member of staff told us, "We know who has capacity and who doesn't." Staff members went on to explain that MCA assessments were carried out if it was suspected that people lacked mental capacity, and a best interests decision was made with support from people's families.

We checked people's care plans and found evidence that people's mental capacity was considered by the service; however the process for recording assessments was not always robustly applied. People had consent forms and summaries of their capacity and best interest decisions in their care plans, however specific mental capacity assessments were not available. It was not clear how the service had decided that people lacked mental capacity, or who had been involved in the assessment or best interests' process. The visiting registered manager showed us that there were processes and systems in place to address this and ensure the MCA was applied fully in the future.

It was not clear how the service worked with people's healthcare professionals, to ensure they received the care they needed. Staff members told us that people usually booked and attended appointments for themselves and the service was only really involved if there were changes to people's medication. Office staff told us that they were aware that some people received visits from the District Nurse; however they were not sure how regularly these visits took place and could not provide us with the date of the most recent visit.

When we checked people's care plans there were no records to show the outcome of people's appointments or visits from healthcare professionals. This meant that staff did not have access to the most recent and up-to-date information about people and their health needs, which meant they would not be able to adapt their approach to take people's changing health conditions into account.

People told us that they felt staff had the skills and knowledge they needed to meet their needs. They explained that they were aware that staff members received training and support from the service and felt that helped them to perform their roles. One person told us, "They are good at looking after me, they know their stuff." Another said, "They must get the right training."

When they started working at the service staff members received induction training, to equip them with the skills they needed and an introduction to working at the service. They told us that they found this training useful and also spent time shadowing more experienced staff, to get to know their roles. Office staff told us that the amount of shadowing shifts staff had depended on their experience and confidence and, where possible, they were arranged at the homes of people who that staff member would be providing care for in the future, to help establish a relationship.

Staff members were positive about the training that they received. They told us that they had regular training and refresher sessions to help make sure they had the skills and knowledge they needed for their roles. They also told us that the provider supported them to complete qualifications, such as diplomas in health and social care. One staff member said, "The training is good, we do regular courses and refreshers." Records showed that there was regular staff training and that future courses were also arranged. Office staff maintained a training matrix which helped them to identify when staff training was due to expire.

Where necessary, staff supported people to prepare meals and drinks, to ensure they had a full and balanced diet. People told us that staff helped them if they needed it, but encouraged them to do as much as possible for themselves. Where staff did help, they made sure they prepared food or drink according to people's specific wishes. Staff confirmed that they only provided support with food and drink when it was needed as they encouraged people to be as independent as possible. People's care plans provided staff with information regarding the levels of support that was required, as well as people's specific dietary needs.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion by members of staff. They told us that people were kind and made sure they got the care that they needed and that there were positive relationships between people and members of staff. People felt well cared for and got on well with members of staff. One person told us, "The carers are very kind. They always ask if there is anything else they can do for me." Another person said, "I'm very happy, they are all very nice." A third person said, "The girls are great. I like to tease them and have a joke. It's all good fun."

A strong professional relationship had developed between people and members of staff. They explained that staff spent time talking to them and developing a personal relationship as well as professional working one. People's family members also told us that they felt staff members spent time developing relationships both with them and their relatives. One family member said, "We can have a laugh with them, which is nice."

Staff members told us that they enjoyed getting to know the people they were caring for and developing professional relationships with them. One staff member told us, "I have built up a relationship with them now, everything runs quite smoothly." Another staff member said, "I love it, I'm all about caring for people."

People told us that they were aware of their care plans and had been involved in planning their care to ensure it met their needs and preferences. They told us that there was positive communication between the office, members of staff and themselves and their family members, which helped to ensure their care was appropriate to their needs.

Staff members told us that the service worked hard to ensure that people were as involved as possible in their care. They explained that people were provided with a copy of their care plan, as well as key information regarding the service including a service user guide which contained contact information and details on how to complain or raise concerns about the care that they received. We saw evidence to show that people were involved in their care. We also saw that service user guides were provided to people and were available in different languages, for those people who did not have English as their first language.

People told us that staff members treated them with dignity and respect. They explained that staff took steps to ensure their privacy was maintained and that they were treated in a positive and dignified manner. One person said, "Yes all my carers are polite and respectful. I wouldn't accept anything else." Another person told us, "My carers treat me with total respect and dignity but we also have a great laugh." People's family members also felt that staff took steps to help ensure people received their care in a dignified way.

Staff members told us that they tried to uphold people's privacy and dignity at all times. They explained that they received training in this area and that care plans contained information regarding how people wanted to be treated, to help guide them. Records confirmed that staff received dignity training and that the provider had policies to ensure that expectations of staff were clear and followed.

Requires Improvement

Is the service responsive?

Our findings

People received person-centred care from the service; however their care plans were not always robust in providing members of staff with person-centred information. Staff members told us that they felt care plans provided them with some information about people's specific needs and preferences. They did, however,feel that the most useful information they gained about person-centred care was through getting to know people and discussing their care needs with them. One staff member said, "Care plans are okay to an extent, but I have gotten to know the people I care for as well."

We checked people's care plans and saw that they were not always consistent in providing staff members with person-centred information about people's care. We saw that care plans did demonstrate specific information about people's care and support needs, however they did not always provide staff with all the information they needed. For example, we saw that people's specific conditions were recorded however; it was not explained how they were affected by these conditions and what staff could do to support them. Care plans also failed to provide information about people's life history and background. This meant that staff did not always have person-centred information available, to help them ensure they provided care that was sympathetic to people's needs and wishes.

People told us that they were aware that their care plans were in place and that members of staff from the service had met with them prior to the commencement of their care package. They explained that this meeting was used to help staff members from the office identify people's care needs and preferences and produce an initial care plan for staff to refer to. People acknowledged that they felt that this was a useful process and that they were provided with information and assurance before their care package started. One person told us, "I felt reassured after the first meeting. They seemed to have covered everything." Another person told us, "I was given lots of information before my care started."

People also told us, and staff members confirmed that care plans were reviewed on a regular basis. They told us that staff from the office came out to check the content of care plans and make sure that people were happy with the care that they were getting. People's care plans showed that they were reviewed and updated regularly to ensure they were reflective of people's changing needs.

Complaints and comments were dealt with appropriately by the service. People told us that they had been told how to make complaints and were confident that any complaints that were raised would be handled effectively by the provider. One person told us, "I don't mind complaining, I would call the office or talk to my carers." Another person said, "I know they will take me seriously if I complain."

Staff members told us that the service welcomed complaints from people and used them as a way to identify areas for improvement. They informed us that a system had been introduced to ensure that all complaints and comments raised by people or their family members were recorded and logged, along with any action which had been taken as a result. We saw that the service had a complaints policy in place, as well as the systems for recording all complaints raised. There was evidence to show that complaints were investigated fully to identify causes for concerns raised as well as to resolve them and drive future

improvements.

Requires Improvement

Is the service well-led?

Our findings

There was a lack of leadership at the service. The registered manager had left the service and there was recruitment underway to appoint a new registered manager, however an interim manager had not been put in place and there was no deputy manager at the service. This meant that the two members of staff working in the office were also attempting to perform the registered manager's duties, as well as their own. Staff members told us that they didn't feel that the absence of a manager had an impact on people's care as both the office and care staff worked hard to ensure this did not happen. Care staff were also very positive about how effective the office staff had been at minimising the impact that the lack of leadership had on the service. We saw that office staff had taken additional responsibilities, including sending the Care Quality Commission (CQC) statutory notifications where appropriate.

Staff told us that they were prioritising people's care and support needs; however this did mean that some tasks, such as regular checks and audits, were not always being completed. They also told us that there had not been a full handover when the registered manager left, so they were not aware of some of the tasks that required attention.

We found that quality assurance procedures were not always being carried out, to monitor the quality of care being provided and to ensure that areas for improvement were being identified and addressed. There were no systems in place to review paperwork being returned to the office, such as people's medication records and their daily notes. This meant that any problems in these areas were not being identified and that plans were not being put in place to rectify them. We also found that there had not been systems in place for the provider to complete regular checks on the quality of care at the service. The visiting registered manager told us that a newly appointed area manager had also identified this and had put plans in place to introduce a new provider visit. They showed us the template for these checks which showed that a comprehensive audit of the service and the care that it provided would take place in the future.

We were able to find that some quality assurance processes were being completed by the office staff. People told us that they were often asked for feedback about their care by the service and that when their care plans were reviewed they were asked if they were happy with everything. In addition, they told us that they were occasionally asked to complete a survey to give the provider some feedback about their care. One person told us, "They staff ask me how my care is going and they sometimes arrive at my house to check all is okay." Another person said, "I do get asked sometimes if I am happy with my care."

Staff members told us that the office staff undertook regular spot checks and telephone satisfaction interviews with people, as well as sending out regular surveys to seek people's views about their care. Staff felt that this was useful as it helped them to see areas which could be improved to ensure people were happy with their care and support. One staff member told us, "I've had quite a few spot checks, it's good, it keeps you on your toes." We saw in people's records that spot checks had been completed and people's levels of satisfaction had been sought, to help identify areas for improvement at the service.

Staff members were enthusiastic about their roles and felt that there was also a positive ethos at the service.

They told us that all the staff worked hard to ensure people's needs were met and felt valued by the service. Staff explained that they were involved in the running of the service and could provide the office with feedback about people's care, which would be listened to and care plans would be reviewed and updated as a result. One staff member told us, "I love it; it doesn't feel like a job." Another staff member explained how they had raised concerns about a person's care which had resulted in their care plan and risk assessments being changed.

People and their family members told us that there were good communication levels between themselves and the service. They told us that they were always able to get hold of somebody if they needed them and that problems were always dealt with as soon as possible. Staff members also felt that the communication was good at the service. They explained that office staff communicated with everybody to help ensure the service ran as smoothly as possible. One staff member said, "Office staff talk to people, staff and family members regularly to keep everything on track."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for people. The provider had not taken steps to assess the risks to the health and safety of people receiving care from them, ensured staff had sufficient information to manage risks effectively.