

## Castlerock Recruitment Group Ltd

# CRG Homecare Workington

### 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 comprehensive inspection took place on 6 and 7 June 2017 and was announced. We last inspected CRG Homecare Workington in November 2016 when we rated the service as overall inadequate and the service was placed in special measures. At that inspection we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009. Since that inspection the provider has made improvements to the safety and quality of the service with the support of the local commissioners and with the appointment of a new registered manager.

We saw that since our last inspection significant work had taken to improve the safety and quality of the service and found no breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that the provider had complied with the warning and requirement notices in relation to the previous breaches. However, we did find some areas still required to improve and be sustained to ensure a consistent delivery of safe care and treatment. We found sufficient improvements had been made that the service is no longer in special measures.

CRG Homecare Workington domiciliary care agency is based in the town of Workington. It offers a range of services for people living in their own homes. The agency provides support with personal care and domestic tasks to help in maintaining independence for people in their own homes in the town and the surrounding rural areas of Copeland and Allerdale.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When employing fit and proper persons the recruitment procedures of the provider had usually been followed. However we saw for two people who had been recently employed the checks about the reasons for leaving their previous employment had not been completed.

We have made a recommendation that the provider ensures that all the checks of suitability are completed for each employee. In addition, that the registered manager completes checks or audits to ensure the recruitment process has been completed in a robust way.

We observed that people received their medications in the appropriate way and were recorded. However, we found that written information about the level of support people required with their medications was not always clear. We discussed the clarity of records relating to the level of support people required during the inspection with the provider's quality manager and registered manager and they confirmed the records would be reviewed.

We found that risks associated with bedrails that were in use in people's homes had not been identified or recorded. The provider's quality manager took immediate action to address this during the inspection.

We have made a recommendation that the provider review their policy and care records used for the safe use and management of bedrails.

Staff told us they received training on a variety of subjects. Records we saw showed staff had completed training that enabled them to improve their skills in order to deliver care and support safely.

There were sufficient numbers of suitably qualified staff available to meet the needs of the service and recruitment by the provider was ongoing. However some people who used the service expressed they did not always have the consistency of regular carers. The feedback we received from people who used the service and their relatives was that care workers arrived on time, remained for the whole allocated time for the visit and care workers completed all of the required tasks

People were supported to maintain good health and independence in their own homes. We saw that appropriate referrals to other healthcare professionals were made in a timely manner.

The provider had been responsive in improving systems of recording information about most people's needs and the planning of their care. Records had been reviewed to ensure accurate details about the changing needs of people were available to the staff looking after them. However, we saw that some records still needed to show that they were being consistently reviewed when needs had changed.

People who were supported by the agency and their relatives that we spoke with gave mixed views of the services they received. However, we were also told that people had experienced a definite improvement in their service since the last inspection and appointment of the new registered manager.

Where safeguarding concerns or incidents had occurred these had, in the main, been reported by the registered manager to the appropriate authorities and we could see records of the actions the agency had taken to protect people. Since the last inspection changes had been made to improve the oversight of the quality of the service by the provider in the appointment of a Quality Assurance Manager.

## 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.

Prescribed medicines were administered safely but records about how people were to be supported with their medicines were not always made clear.

Checks of suitability were usually made in line with the provider's policies to ensure that people being employed were fit and proper persons.

People told us they felt safe with and cared for by the care workers.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Consent to care and treatment had usually been obtained involving where required appropriate others.

Staff were trained and had the skills and knowledge to provide the support people required.

People received the support they needed to prepare their meals and drinks.

### Is the service caring?

**Good** ●

The service was caring.

People told us that they were being well cared for and said staff were kind, friendly and treated them with respect.

People were supported to maintain independence in their own homes.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

We received mixed comments from people who used the service,

their relatives and staff who worked for the agency, about how responsive the service was.

Care was planned and delivered to meet people's needs. If the support a person required changed, their care was usually reviewed promptly to ensure they continued to receive appropriate support.

The provider had been responsive in making improvements since the last inspection including the management of complaints.

**Is the service well-led?**

The service was not always well-led.

Comments we received about the management of the service were mixed.

Some staff told us they had, at times, felt unsupported by the management.

Overall, we saw improvements in the safety and quality of the service had been made by the registered provider and registered manager.

Processes in place to monitor the quality and safety of the service were more effective but some areas still required improvement.

**Requires Improvement** 

# CRG Homecare Workington

## 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 was 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 announced inspection took place on 6 and 7 June 2017. The inspection team consisted of two adult social care inspectors 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. The inspectors visited the agency office and with permissions visited four people in their own homes. The expert by experience spoke with six people who used the service, two relatives of people who received services and six members of the care staff team.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information we held about the service and information from the local commissioners of the service. We had also received regular updates on the actions taken by the provider and registered manager on areas they had completed to make improvements in the safety and quality of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection visit to the agency office we spoke with the registered manager and the provider's quality assurance manager and three other administrative members of staff. We looked at all of the records relating to the warning and requirements notices and actions we had asked the provider to take following the inspection in November 2016.

We looked at the care records of 12 people who used the service. We also looked at the staff files for seven staff employed since our last visit. These included details of recruitment, induction, training and personal

development. We looked at the overall training record for all staff. We also looked at records relating to how accidents and incidents were managed and how the registered manager and registered provider checked the safety and quality of the service provided.

# Is the service safe?

## Our findings

People who used the service told us they felt safe with the care workers who visited them in their homes. We were told, "I feel totally safe" and "I cannot fault the care workers at all, I feel safe at all times". Relatives we spoke with also told us they felt the service provided was safe. One relative said, "Yes my relative definitely feels safe. We cannot fault them". The majority of the care workers we spoke with told us they had received training in how to keep people safe. One staff member said, "I am trained for safety. I am able to keep the service users safe. I have completed the appropriate training for medication and for safeguarding with this company".

At the last inspection in November 2016, we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure the proper and safe management of medicines.

During this inspection we found improvements had been made to the safe management of medications. At this visit we looked at 12 care packages in detail and four of those that included support with medication. We found action had been taken to address the issues identified at our previous visit. Medicines were being administered by appropriately trained staff. Senior staff completed regular checks of the medicines record keeping and any concerns were discussed directly with the staff involved. Where necessary, further medicines training had been provided.

Information about the level of support people needed with their medicines was recorded within their support plans. However, for one person we saw that the information was not current. We spoke with this person who told us the care workers did provide the correct level of support. We discussed the clarity of records relating to the level of support people required during the inspection with the provider's quality manager and registered manager and they confirmed the records would be reviewed.

At the last inspection in November 2016, we found a breach of Regulation 19 Fit and Proper Persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate background checks were not in place for some staff. Concerns about people's fitness and ability to carry out duties had not been dealt with appropriately.

Since the last inspection the registered provider had recruited a number of new staff. We saw they had been recruited using a much improved and more systematic process to try to ensure all the checks of suitability had been completed before people commenced employment. However we saw for two people recently employed that checks about the reasons for leaving their previous employment had not been fully completed.

We recommend that the provider ensures that all the checks of suitability are completed for each employee. In addition, that the registered manager completes checks or audits to ensure the recruitment process has been completed in a robust way.



At the last inspection we made a recommendation that the registered provider reviewed their recruitment and retention policies in order to establish a more stable staff team with sufficient availability to provide a more efficient service.

During the inspection we saw that there were sufficient numbers of suitable staff available to meet the current needs of the service and recruitment of staff was still ongoing. However, we still received some mixed responses from people who used the service, their relatives and care workers. On balance the feedback indicated that the majority of times, care workers were on time, they remained for the whole time for the visit once they were there and there were no issues with care workers not completing the required tasks. Comments we received included; "I am upset as it is the management that make the staff come late. I do not know when they are coming and they change the rotas at the last minute". Another person told us, "I have no problem they usually come on time". Another one said, "More or less they are on time, an odd occasion they are late but the office will contact me".

Other comments about staffing continuity we received indicated that there was still some areas that could be improved to ensure people experienced a more consistent service. One person told us, "I have more or less the same regular carers". Another said, "They do change the care workers around but I am familiar with all of them". A relative said, "We do not have regular care workers. My relative prefers a male carer but we don't always get one". Comments we received from members of the staff team also indicated that the rota could be better planned from their perspective. For example, we were told, "I do feel there is not enough staff especially if someone goes off sick. We get asked to do extra calls but then service users get upset because we are late". We discussed this feedback with the provider's quality manager who reassured us that work was still being completed to improve this part of the service.

## Is the service effective?

### Our findings

At the last inspection in November 2016 we found a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that staff were competent, skilled and experienced to deliver good standards of care.

We were told by the quality assurance manager and registered manager that since the last inspection the training provision had been increased to include specific topic areas and access to training was ongoing. This was confirmed by the staff we spoke with. People who used the service told us they thought staff were adequately trained. We were told, "The care workers I have are skilled and been trained in what to do" and "I have no issues with the carers about their training".

At this inspection we looked at the staff training records which showed what training had been done and what was still required. We saw that staff employed since the last inspection had completed detailed induction training before they started working. Staff we spoke with were able to tell us about training they had received. One staff member said, "I do feel that I have received the correct training. We have a week introduction course and 1 day shadowing before going out on our own". Another said, "Yes I am definitely trained If I do not feel confident in anything I just contact the office and they will then arrange further training for me". We were also told, "I do feel confident giving medication. We are given training and we then have a yearly refresher course".

We also saw from records that care workers had received support through regular supervisions and staff meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that relatives or relevant persons had been consulted where people lacked the capacity to make their own decisions and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

At the last inspection people who used the service and some professionals, told us that communication in the service was not very effective and we made a recommendation to the registered provider about improving internal and external communications. During this inspection visit to the agency's office we observed a much more organised structure in managing communications coming into the office. We also saw new systems had been implemented since the last inspection that helped to ensure information was shared more effectively to the relevant people. The feedback we had received from the local authority quality improvements process also confirmed that communications in the service had improved.

We also made a recommendation at the last inspection to the registered provider to provide further training around nutritional care planning and recording. In the care records we looked during this inspection at people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed and recorded. Where necessary people had been referred to their GP or to a dietician.

## Is the service caring?

### Our findings

At the last inspection we found a breach of Regulation 10 Dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the delivery of care did not always ensure that people were treated in a caring, respectful and compassionate way.

During this inspection the majority of people that we spoke with about the service told us that CRG Homecare Workington was a caring service. We received a lot of positive comments from people who told us they had seen an improvement in the quality of the care since the last inspection.

People who used the service said, "The girls [care workers] are very nice. I am very happy and I would not like to be without them". We were also told, "They are very good, and they are caring and kind". Another person said, "I have no problem with the care and kindness the care workers provide me". A relative told us, "Yes they are very good and my relative can have a laugh with the care workers".

Care workers we spoke with told us they felt they were caring; one person said, "I am always caring and kind to my service users. I am able to support them whilst respecting their dignity". We were also told that staff had received the appropriate training in dignity and respect while caring for people. One care worker told us, "We have had training when I give personal care I always protect the service user's dignity and respect".

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. Two people who used the service we spoke with told us that because of the service they were able to maintain their independence in their own home.

We saw that where possible people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

The registered provider and registered manager since the last inspection had worked jointly with the commissioners of the service to improve the quality of care and experiences that people had using the service. This was evident by the comments we received from people during this inspection.

## Is the service responsive?

### Our findings

At the last inspection we found a breach of Regulation 9 Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to fully assess people's need and care planning and review had not been completed adequately so that safe care and treatment was provided.

During this inspection we found a significant amount of work had taken place in improving the information in people's care records. We saw that information made available to staff about how to support individuals was more detailed. We saw that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families and relevant others had been involved in the care planning where appropriate.

Care records we saw showed that care planning was centred on people's individual views and preferences. We found that in the main care plans had been regularly reviewed to make sure they held up to date information for staff to refer to. However, we found some inconsistencies in the recording of needs that had recently changed and on how to manage them. For example where someone had developed an infection and required a change to their medication and would require more support with their hydration requirements. The quality assurance manager and registered manager told us that the new systems in place and improved records still required some work and training was on going with the staff team. This was still being monitored by the local authority's quality manager on behalf of the commissioners of the services.

The feedback from people who used the service, their relatives and staff team that we collected during our inspection identified that CRG Homecare Workington were generally approachable and did attend to any complaints and issues that the people using the service had raised. However the feedback did indicate that two people still had concerns around visit times and how the allocation of visits was being managed. We were told by one person, "I have no complaints at all. I have never had to make a complaint". We were also told, "I continually call the office when the care workers are late. The office then phones the care workers but only after I have telephoned the office".

At the last inspection we made a recommendation that the provider reviewed the arrangements in place to respond to complaints. Since the last inspection we saw that the registered manager had improved the management of the formal process for receiving and responding to concerns, incidents and complaints about the service it provided.

A relative we spoke with told us, "The company does listen and try their best to resolve matters but they are often short staffed and sickness is a problem." Care workers also commented about the struggle they still sometimes had with the rota planning as one person said, "The rotas do not consider travel time making us constantly late". The recruitment of new staff was on going and we were told by the quality assurance manager and registered manager that where shortfalls of staff had occurred at short notice the office administration staff were fully trained to provide cover if it is necessary.

We also saw that there was more effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. This had been demonstrated through the local authority's quality improvement processes.

## Is the service well-led?

### Our findings

At the last inspection we found a breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found there were improvements in the processes in place for reporting incidents and we saw that these were now being followed. There was regular monitoring of incidents and these were being reviewed by the registered manager and senior managers to identify any patterns that needed to be addressed. The registered manager who had been appointed since the last inspection told us she was now more confident in identifying reportable incidents. We were also reassured by the on going support of the registered provider's quality assurance manager and support from the operations manager that the registered manager was receiving an appropriate level of support.

We also found a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last inspection. This was because quality monitoring systems and processes had failed to assess, monitor and improve the quality and safety of the service.

Since the last inspection we could see significant changes had been implemented to improve the safety and quality of the service. This included a more organised office with appropriate administrative staff and record filing and secure storage. These improvements meant that during this inspection we found that all the essential fundamental standards had been met. People we spoke with told us they thought the service had improved. One person said, "This company is better than it was". We were also told, "Support and guidance could be better from management" and "I can speak to the manager, she will listen and deal with issues".

There were a number of new audit systems in place that checked on the safety and quality of the service. However we found that despite these being very informative the samples of auditing we looked at had not always identified the issues that we had found. This was in the quality and consistency of records for care planning and records relating to level of people's support for the management of their medications.

We saw that there had been an improvement because of the changes in the leadership, oversight and overall management of the service. This included the appointment of a new registered manager, a number of new care workers and a more structured organisation in the agency office. Along with the input of regular professional advice and guidance from the local authority's quality manager. We could see how the registered provider had been responsive and proactive in improving the systems used in the recording of information about people's needs and the planning of their care. Overall we found that some areas of the service still needed to show further improvement, consistency and sustainability.