

# Castlerock Recruitment Group Ltd

## CRG Homecare – Richmond

### Inspection report

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### Ratings

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

### Overall summary

This was an announced inspection that took place on 29 September 2015.

The agency provides domiciliary care to people in their own home. The office is based in the Richmond area.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

This was the first inspection since the agency moved premises and re-registered on 11 August 2015.

People said the agency provided a good service, they were satisfied with it and thought it felt safe to use, was effective and the staff were caring, responsive and well led.

# Summary of findings

The records kept were up to date and covered all aspects of the care and support people received and identified that their needs were met. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

Staff were knowledgeable about the people they supported, the care that they required and were supported by the agency to provide it. They had appropriate skills and provided care and support in a professional, friendly and enabling way that was focussed on the individual.

The staff were well trained and said the organisation was flexible, a good one to work for and they enjoyed their work. They had access to training, and support.

People were encouraged to discuss health and other needs with staff and had agreed information passed on to their GP's and other community based health professionals, as required.

Staff advised people using the service about healthy eating options and monitored their nutrition and hydration intake and any associated risks as required.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People said the manager was approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The agency had suitable numbers of staff to meet people's needs that had been Disclosure and Barring service (DBS) checked. There were effective safeguarding procedures that staff understood.

People were supported to take medication the right time, in a safe way and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good



### Is the service effective?

The service was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff. They also had access to other community based health services that were regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency had an awareness of the Mental Capacity Act and their responsibilities regarding it.

Good



### Is the service caring?

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity were respected and promoted by staff.

Staff provided support in a friendly, kind, professional, caring and considerate manner. They were patient, attentive and gave encouragement when supporting people.

Good



### Is the service responsive?

The service was responsive.

The agency re-acted appropriately to people's changing needs. Their care plans identified the support they needed and records confirmed they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good



### Is the service well-led?

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

Staff were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Good



# CRG Homecare – Richmond

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection and took place on 29 September 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This is the first inspection since moving to a new location.

The inspection was carried out by one inspector.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

There were 76 people receiving a service and 37 staff. During the inspection, we spoke with eight people using the service and five staff who provided direct care and the registered manager.

During our visit we looked at copies of seven care plans that were kept in the office as well as in people's homes. We also looked at records, policies, procedures and spoke with staff. Information also included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance.

# Is the service safe?

## Our findings

People said they thought the service was safe. One person told us, “I feel safe using the service.” Another person said, “They help me with my medicine if I need it.” A further person said “If I have concerns about anything they (Staff) advise me.”

The agency had policies and procedures that enabled staff to protect people from abuse and harm. This included assessing risk to people. Staff confirmed they had also received induction and refresher training in recognising abuse and harm to people. They understood what abuse was and the action they would take if they encountered it. Their response was in line with the provider’s policies and procedures.

Staff were aware of how to raise a safeguarding alert and the circumstances under which this should happen. The organisation’s safeguarding, disciplinary and whistle-blowing policies and procedures were also provided in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. The agency raised a safeguarding alert appropriately, during the inspection. Staff had received appropriate training.

There was a thorough staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for

interview. The interview contained scenario based questions to identify people’s skills and knowledge. References were taken up and security checks carried out prior to starting in post.

People’s care plans contained risk assessments that enabled them to take acceptable risks safely. The home monitored risks assessments that were reviewed and adjusted as needed. People, their relatives and staff contributed to them. The person had their risk assessments discussed with them as part of the initial overall needs assessment. People were encouraged by staff to provide input whenever possible and staff were trained to assess risk to people. There were accident and incident records kept. Staff said they knew people well, were able to identify situations where people may be at risk and take action to minimise the risk. Staff shared information as appropriate.

The agency had worked closely with the local authority to have emergency and contingency plans in place to ensure people received the service they required due to road closures during the rugby world cup.

Staff prompted people to take medicine or administered it as appropriate. The staff who administered medicine were appropriately trained and this training was updated annually. They also had access to updated guidance on medicine administration. The medicine records for all people using the service were checked by the agency with copies of the medicine administration records kept on file in the office.

# Is the service effective?

## Our findings

People told us they made decisions about their care, when they wanted it and who would provide it. We were told that staff were aware of people's needs and met them in a skilled, patient, relaxed and enjoyable way. They said the type of support provided by staff was what they needed. One person told us, "There is nothing missing from the service I get." Another person said, "I couldn't ask for a better service." A further person told us, "I hope they get a good report, they deserve it."

Staff were trained to do their jobs and received induction and annual mandatory training. The induction was comprehensive; person focussed and required tasks to be completed before staff were signed off as competent to do their jobs. The training matrix identified when mandatory training was due. Training included infection control, lone working, medicine, food hygiene and equality and diversity. Local authority training courses provided some of the training. Staff meetings, supervision and appraisals provided opportunities to identify group and individual training needs. There were staff training and development plans.

Care plans included areas for health, nutrition and diet. Food and drink dietary evaluation sheets and nutritional assessments were updated regularly where required. Where appropriate staff monitored what and how much people had to eat with them, to promote a healthy lifestyle and diet. They also advised and supported people to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's GP with permission from them.

People's consent to receive a service was recorded in their care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. Staff had received training in people's behaviour that may put themselves and staff at risk and the procedure to follow if encountered. The agency had an equality and diversity policy that staff were aware of, understood and had received training in.

Care co-ordinators carried out spot checks in people's homes which included areas such as staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment.

Staff were aware of and had received training in the Mental Capacity Act 2005 and the 'Best Interests' decision making process, when people were unable to make decisions themselves. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The agency provided de-escalation and lone working training that staff said they had undertaken and understood. This was to protect the person, staff and other people using the service.

The agency worked closely with the local authority re-enablement and hospital discharge teams. This was to make sure that services were in place to meet people's needs when discharged from hospital.

# Is the service caring?

## Our findings

People told us that they were treated with dignity and respect by staff. They listened to what people said and valued their opinions. They provided support in a friendly and helpful way. One person we spoke to told us, “I love my carers absolutely, they are brilliant.” Another person said, “These people (Staff) are so caring.”

People told us the agency provided sufficient information about the service. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them.

People said staff were skilled, patient, knew them and their needs and preferences very well. This enabled them to meet people’s needs.

The philosophy of the service was that people made their own decisions regarding the support they required and when they needed it. People told us there was frequent telephone communication with the office and they completed an annual feedback questionnaire.

Staff knowledge about respecting people’s rights, dignity and treating them with respect were tested at the employment interview stage. The staff training matrix recorded that staff received training about respecting people’s rights, dignity and treating them with respect. Staff also confirmed they had received this training. People said this was reflected in the caring, compassionate and respectful support staff provided.

People were aware there was an advocacy service available through the local authority.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

# Is the service responsive?

## Our findings

People said that they were asked for their views by the agency. Staff enabled them to decide things for themselves, listened to them and action was taken if required. They felt fairly treated and any ethnicity or diversity needs were acknowledged and met. One person said, “I couldn’t get by day to day without them.” Another person told us “They are prompt, on time and if there is a problem they text or phone me to let me know”.

People using the service were fully consulted and involved in the decision-making process before the agency provided a service. The agency received a care package assessment from the commissioning authority and also carried out their own needs assessment. The agency confirmed the tasks identified in the care plans with people to make sure they were correct and met the person’s needs. People’s personal information including race, religion, disability and beliefs were clearly identified. This information enabled staff to understand people’s needs, their preferences, choices, respect them and gave staff the means to provide the care and support needed. Staff were matched to the people they supported according to their skills and the person’s needs. Where possible placement continuity was promoted so that people using the service and staff could build up relationships and develop the service provided further.

The care plans we looked at were individual, person focused, comprehensive, based on the assessment information and regularly reviewed. If needs changed staff reported this to the office, who passed on the information to the service commissioner for review. This information was shared with other care professionals, such as GPs as appropriate. Other reporting information included weekly report sheets and incident report forms. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished.

The agency monitored and reviewed the care packages with people using the service and staff. This included spot checks. The monitoring information was recorded in people's files and regularly updated. Feedback was requested and there were annual satisfaction questionnaires sent to people.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There were no current complaints.

Staff were also aware of their duty to enable people using the service to make complaints or raise concerns.



# Is the service well-led?

## Our findings

People told us that they felt comfortable with and were happy to speak to the manager and staff if they had any concerns. It was also made clear what the service did and did not provide. One person told us, “Someone from the office is visiting this week to check everything is alright.”

Another person said, “They contact me on the phone to make sure things are okay”.

The agency’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during interview and induction training. There was a culture of supportive, clear, honest and enabling leadership.

Staff told us the support they received from the manager was good. They felt suggestions they made to improve the service were listened to and given serious consideration.

There was a whistle-blowing procedure that was available to staff. Some staff said they enjoyed working for the agency, whilst others told us that things could be improved such as the spacing and timing of jobs. A staff member told us, “They are a reasonable organisation and ok to work for.”

The agency operated a policy of flexibility towards staff outside commitments such as child care, wherever

possible. The manager and office team were in frequent contact with staff and this enabled them to say if they had any conflicting commitments, voice their opinions and swap knowledge and information.

The records demonstrated that regular staff supervisions and annual appraisals took place. This included input from people who use the service. Records showed that spot checks took place.

There was a policy and procedure in place to inform other services of relevant information should different services within the community or elsewhere be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

There was a robust quality assurance system that contained performance indicators that identified how the agency performed, areas that required improvement and areas where the agency performed well. The agency checked a range of areas to identify service quality. These included audits of, people’s and staff files, care plans, risk assessments, infection control and medicine recording.