

# Health Care Resourcing Group Limited

## CRG Homecare - Salford

### Inspection report

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16 December 2020  
17 December 2020  
21 December 2020  
22 December 2020  
23 December 2020

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

CRG Homecare Salford is a domiciliary care service based in Salford and provides personal care and support to people in their own homes. The services are operated by Health Care Resourcing Group Limited.

The service had 300 clients, 208 of which receive received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Infection prevention and control (IPC) policies and procedures were in place, though staff were not always following these processes.

Supervisions and appraisals were taking place, but these were not happening as often as their policy indicated. A small number of staff training courses were not up to date and required renewal.

We have made a recommendation about staff supervisions and appraisals.

Internal audits showed there had been no missed visits, however people we spoke with told us they did not always receive their care visits. Some records were not always adequately detailed to ensure people received appropriate care. A new quality assurance system had been implemented to monitor and audit accidents and incidents.

We have made a recommendation about the provider reviewing their audit system.

People received their medicines as prescribed. There were systems in place to ensure the safe management and supply of medicines were effective and did not place people at the risk of harm.

People told us they felt the service was safe and most staff gave us positive feedback about the manager. Staff were recruited safely, with appropriate checks carried out when their employment commenced.

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. Decision specific mental capacity assessments were being completed where necessary.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (8 November 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 25, 26 and 30 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CRG Homecare - Salford on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a new breach in relation to safe IPC processes at this inspection.

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 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 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.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# CRG Homecare - Salford

## 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 was carried out by one inspector, a medicines 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, who was going to be deregistering. A new manager was in post who had started the process of registering with CQC. Once a manager is registered, this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 16 December 2020 and ended on 23 December 2020. We visited the office location on 16 December 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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. We used all of

this information to plan our inspection.

During the inspection-

We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the manager, regional director and care workers.

We reviewed a range of records. This included four 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- IPC procedures were not always safe. Some people told us PPE was not always being worn, comments included, "They usually wear gloves and masks but a couple of times I have had one turn up at the door and say 'I haven't got my mask with me is that alright' and I tell them they can't come in without a mask. Now I have a packet of masks so I can give them one" and "Some of them do wear masks and some don't. I don't worry about it.". Since receiving this feedback the provider has sent communication to all staff to stress the importance of wearing PPE.

- We were assured appropriate personal protective equipment (PPE) was being provided.

- Staff told us they completed infection prevention control training.

- Risks were not always appropriately assessed. People's care needs were risk assessed, with related risk assessments completed for each person. However, people did not have personalised COVID-19 risk assessments in place.

- Moving handling risk assessments were in place.

- Systems and processes in place safeguarded people from the risk of abuse. People using this service and their relatives told us they felt the service was safe. One person said, "The carers make me feel safe, I know them all and I can stay at home."

A relative also said, "I know mum is safe with them, it gives me peace of mind. They make it easy and comfortable for me too and have a little joke, that's important too"

- Staff told us they had received safeguarding training and were able to provide examples of what they would report. Safeguarding incidents were logged on a compliance reporting system, which monitored the process from start to finish and recorded any lessons learned. A safeguarding policy and procedure was in place and included information on how to escalate concerns.

We found no evidence that people had been harmed, however, the provider had failed to ensure that safe IPC procedures were being followed, and that people's personal risks had not been considered in relation to the pandemic. This put people at increased risk of infection and significant harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- The service ensured there was adequate staff to support people using the service. Records showed the service had not had any missed calls in the last 6 weeks, however, when we spoke with people, we were

informed they had in fact had missed calls. One family member told us: "On 3 occasions during October and November we had missed calls. I rang and they were horrified but we still did have missed calls". The service investigated the allegations and reasons were given for most instances, except for potential missed calls relating to a data protection issue mentioned under well led.

- We reviewed a sample of staffing rotas and found travel time was usually built in-between calls.
- Robust systems and processes were in place when the service recruited staff. Safe recruitment procedures had been followed with the necessary checks in place.

#### Using medicines safely

- Peoples medicines were managed safely.
- Guidance was available to enable staff to safely administer medicines prescribed as "when required". Staff had received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills.
- All records checked clearly stated if the person had any allergies, reducing the chance of someone receiving a medicine they are allergic to.
- When people were prescribed topical creams and ointments, body maps were being used to identify the site of application. This was clear to staff where and when they should be applied, reducing the risk of duplication.
- Regular audits (checks) had been completed to make sure procedures were followed and The level of support individual people needed was clearly recorded and risk assessments completed.

# 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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide appropriate support, training, professional development, supervision and appraisal as is necessary for staff to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- Staff had completed a mixture of training courses. A small amount of these courses were overdue. Shortly after our site visit the manager had booked all refresher training for necessary staff.
- Staff records showed appraisals and supervisions were taking place, but not as frequently as their policy stated. Staff we spoke with also confirmed this.

We recommend the provider reviews their supervision and appraisal policy and ensure staff receive support in line with this policy.

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

- People's needs and choices were assessed. The service provided support to people who were from a range of multi-cultural and religious backgrounds. We were told how carers spend time with people's family to understand how best to provide care and support in line with their specific beliefs and requirements. One family member told us: "He has 3 male carers, he is [name of religion] and we requested it."
- The care and support people needed from staff had been captured as part of the initial assessment process and was recorded within care plans.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Referrals were made to other healthcare professionals as required.
- People's dietary needs were assessed. Nutrition and hydration risk assessments were in place for those who required them. Food and fluid charts were completed when required.

- Oral healthcare plans were in place, but these were not always detailed with necessary information to ensure staff were able to provide the support required. After our site visit the service started working on improving this section of the care plans.

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, 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.

- Staff had an understanding about the MCA legislation.
- Capacity assessments were undertaken as necessary.
- People had signed consent forms, which were within people's care plans. This documented where people had given their permission to receive services from CRG Homecare.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to provide appropriate governance in relation to records management and oversight. This meant there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audit systems were in place.
- Care plans and records were not as person centred as they could have been and lacked details which should have been picked up by audits as detailed in the safe and effective domains.
- Confidential information was stored securely, and we saw documents such as care plans and staff recruitment files were stored in the main office. However, one staff member made us aware of a potential breach in general data protection regulation, which the service were investigating.

We recommend the provider reviews their audit procedures to ensure they are robust.

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; Continuous learning and improving care

- Staff feedback about management and leadership was mostly positive. Staff comments included: "Yes, if I have ever had any needs they [management] are really helpful and understanding."
- The provider reported accidents, incidents and concerns to the CQC and the local authority in a timely way. However, we identified one instance where the provider did not submit a statutory notification to the CQC. The manager ensured the necessary notification was sent to us during the inspection process.
- It is a legal requirement to display performance ratings from the last CQC inspection. We saw the last rating was displayed within the service.
- Most staff told us they enjoyed their roles, one staff member told us; "I think it's a good place to work, I like giving care, there's actually nothing I don't like about the job."
- A duty of candour policy was in place for staff to follow.

- Lessons learned were being carried out and were recorded and monitored using a compliance system.

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

- The service ensured people were involved and engaged in how the service was run. Service user surveys were sent out, with limited responses received. We were able to review the results and how feedback is acted upon. However, people we spoke with told us they had not been asked for feedback on the service.
- The service worked in partnership with the local authority and health teams. The manager told us they took part in McMillan coffee morning and they had the fire service in to discuss the importance of smoke alarms. In December 2019 they worked with Emmanuel church to deliver free Christmas dinners to people who needed it.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed, however, the provider had failed to ensure that safe IPC procedures were being followed, and that people's personal risks had not been considered in relation to the pandemic. This put people at increased risk of infection and significant harm.</p>