

# Castlerock Recruitment Group Ltd

# CRG Homecare-North

# Yorkshire

## Inspection report

Hammerain Office, Harrogate Business Centre  
Hookstone Avenue  
Harrogate  
North Yorkshire  
HG2 8ER

Tel: 01423275230

Date of inspection visit:  
15 June 2016

Date of publication:  
28 July 2016

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 15 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

This was the first inspection of the service since it became registered on 15 October 2015.

The registered provider is registered to provide personal care to people who live in their own homes. Most of the people provided with a service were older people but services were also provided to younger adults and those with learning disabilities. The provider confirmed they were not currently providing a service to children. The registered provider primarily supports people in the Harrogate and Tadcaster areas. At the time of our inspection, there were 50 people receiving a service from CRG Homecare - North Yorkshire.

There was a registered manager at the service; however, this person was not in day to day charge of the running of the service. This was carried out by a temporary manager. 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 a robust action plan which had been developed following identification of poor management and organisation. Staff reported a lack of support but told us they had recently experienced some improvements particularly in the arrangements for their rota and training. We could see improvements in the systems and processes to monitor the service and make improvements. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages.

Care and support was provided to people in their own home in accordance with their individual needs. People who received care and support from the service gave us positive feedback. They said they received a good standard of support from caring, kind and compassionate staff. People told us they felt safe and had confidence in the way staff supported them.

When people were identified as being at risk, their care plans showed the actions required to manage these risks. We saw risk assessments for areas which included moving and handling, falls, nutrition, skin and pressure care.

Recruitment checks were in place. These checks were undertaken to make sure staff were suitable to work with people who used the service. The training programme provided staff with the knowledge and skills to support people.

There were systems in place for supporting people with their medication. The agency had a medication

policy and staff received training which included an observation test to demonstrate competency.

People's health and care needs were assessed before a service was provided. People were involved in planning the care and support they wished to receive. People told us how their service was effective in meeting their needs.

People told us more recently they had a consistent team of staff providing their support. They described staff as kind and considerate. People told us that they were treated with dignity and respect.

The registered provider had a clear knowledge and understanding of their roles and responsibilities in relation to the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. Where a person lacked capacity to make their own decisions they were able to explain how the service worked with other health and social care professionals and family members to ensure a decision was made in the person's best interests.

Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing.

There was a complaints policy in place which people were aware of. People we spoke with said they would raise any concerns or complaints with the registered provider or staff and were confident they would be taken seriously and addressed.

We saw the content of the records reviewed covered all aspects of an individual's care needs and were sufficiently detailed to provide clear information for staff on how to carry out individual care and support for people. Care plans included personal details about individual needs and how they were to be met. We saw that documentation had been updated and reviewed when people's care and support needs had changed. This meant staff had up to date information to deliver continuity of care and support and ensured that changing needs were identified and met for people.

People's views on the service had been sought using questionnaires. The overall feedback received about the care staff was very positive. There were some concerns raised about the inconsistency in management of the service which the registered provider was aware of and was addressing. A new manager had been identified and was due to commence in post at the beginning of July 2016.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were cared for in their own homes and the initial assessment the provider undertook included a risk assessment of the environment to ensure that it was appropriate for the person.

There were systems in place for supporting people with their medication. The agency had a medication policy and staff received training which included a practical test to demonstrate their competency.

Staff had been recruited safely to ensure they were suitable to work with people who used the service.

### Is the service effective?

Good 

The service was effective.

Staff received induction and training to provide them with the skills and knowledge to carry out their roles effectively.

People who used the service were supported to make decisions and to give their consent. The registered provider was aware of the importance of legislation to support this process.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

People were encouraged to eat a healthy and varied diet. People's health needs were monitored and the service sought advice and up to date information from relevant healthcare professionals.

### Is the service caring?

Good 

The service was caring.

Staff were very knowledgeable regarding people's needs, preferences and personal histories.

People who used the service were satisfied with the consistency of the staff team and they valued the care, support and companionship offered to them.

People told us they were treated with respect and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

People we spoke with knew how to make a complaint if they were unhappy.

People using the service were given opportunities to provide feedback on the service.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

The registered manager was not in day to day charge of the service.

There were systems in place to monitor and audit the service. A robust action plan was in place to effect identified improvements.

People who used the service raised some concerns about the organisation and leadership of the service.

Staff felt the provider could make improvements in the support they were provided with.

# CRG Homecare-North Yorkshire

## **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 15 June 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection was carried out by a single inspector and an expert by experience who spoke with people who used the service via the telephone.

Before the inspection, we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the registered provider had informed us of. A notification is information about important events which the registered provider is required to send us by law.

During our inspection, we spoke with the registered manager, acting manager, regional manager and eight members of staff. We spoke with four people who used the service and six relatives over the telephone to seek the views and experiences of people using the service. We reviewed the records for four people who used the service and staff recruitment and training files for three staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this

service. We also consulted North Yorkshire County Council to see if they had any feedback about the service, and we have incorporated this in our report.

# Is the service safe?

## Our findings

People who use the service who we spoke with told us they felt safe. One person said, "Yes the girls are alright, we feel safe with them." and another person said, "We've got some lovely carers and we do feel very safe with them."

We saw care staff had received training with regard to protecting people from harm, called safeguarding. When we spoke with staff they were able to explain what safeguarding was and the different types of abuse. They were also clear about what action to take if they suspected abuse had occurred or they had concerns about a person. We could see from the records kept by the Care Quality Commission (CQC) and the records held by the service, that they had made referrals to the local authority safeguarding team and had worked collaboratively with them. The service had a safeguarding adults and children's policy with associated procedures which were available for staff to refer to. It contained all the information and details of who to contact in the event of an allegation of abuse.

We saw risk assessments had been completed to minimise the risk of harm to people and staff providing support for people in their own homes. We saw health and safety checks and risk assessments for the environment for example, with regard to access to the property and trip hazards. We also saw individual risk assessments on daily activities and personal care undertaken with people. For example, for specific medical conditions, medication and moving and transferring. Where a specific piece of equipment was used the model, make and emergency repair contacts were recorded in people's care plans. We saw risk assessments had been reviewed and amendments made when people's needs had changed. For example, we saw where someone's needs had changed in that they now required two care staff to support them with moving and transferring. This demonstrated the registered provider had given consideration to areas of risk and had responded appropriately to keep people safe.

The registered provider told us they had policy and procedures in place to report any accidents or incidents. Any reports would be analysed and action taken, however we were told none had taken place since the service was registered.

We asked the registered provider about staffing levels. They told us they had serious recruitment challenges in the area and on occasion struggled to meet their contractual agreements with the local authority. They told us that there had been no missed calls but that some calls had been delayed and on occasions staff had been transferred from another location within the registered provider group. In fact one person told us, "I think they are short staffed because we do get different ones and sometimes they come from far afield". Another person told us, "The girls are good and caring but the management side is chaotic. I think they are disorganised two girls came from [name] last week I don't know what's going on." The registered provider told us they had a number of recruitment initiatives and were recruiting new staff but that this was an ongoing process.

The registered provider told us they recently changed the way staff were allocated work. There was now a rolling rota in place. People who used the service had been allocated a small team of care staff with the aim



of providing a consistent staff team. Staff we spoke with said they welcomed the change because their work programme was more predictable and organised. They also said they felt the improved consistency was better for people who used the service because staff got to know people and their needs better. One person new to the service said, "It's always the same four carers that come and I get on really well with them."

We looked at the recruitment records for three members of staff and discussed recruitment processes with the registered provider. We saw robust measures were in place to ensure staff were suitable to work with people who used the service. New staff had completed an application form with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks people's criminal record and also check to see if they have been placed on a list of people who are barred from working with adults who need this type of support.

Due to a period of poor management and leadership of the service a number of medications errors had come to light when regional managers had carried out quality assurance and medication audits. Consequently the registered provider used its capability and disciplinary proceedings appropriately to ensure only competent staff were employed. Staff had completed revised medication training and were competency tested. More frequent medication auditing was completed to establish any errors and rectify these quickly. We saw evidence of this in people's care records and staff files. More frequent medicines audits were continuing and we could see a large reduction in errors in recording which meant people were now being supported more effectively with their medicines.

The registered provider had policies and procedures in place and we saw that care staff had received up to date training in health and safety in the home, fire procedures, and infection control and food hygiene. Care staff told us they understood the importance of their roles and responsibilities in maintaining high standards of cleanliness and hygiene. Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

## Is the service effective?

### Our findings

People told us they felt staff had appropriate skills and knowledge, and provided a good service. One person told us, "They are trained okay and they know what they're doing." And another person said, "I think they are trained well some are very good and some are good. They are caring and very kind to us."

The registered provider told us that each member of staff completed a range of training as part of their induction as well as on going training. The registered provider had an electronic system which automatically scheduled training at the date it was required to be updated. The registered manager received an alert if this was not completed. We were told staff received training in a number of different ways including eLearning, face to face and distance learning which included an assessment of a completed work book. The registered provider had introduced the new care certificate for new employees. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. This demonstrated how care workers were supported to understand the fundamentals of care. It assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. Care staff told us they received appropriate training relevant to their role. One member of staff told us they had received a good induction and had worked alongside a more senior member of staff until they felt confident enough to work alone.

Staff received one to one supervision meetings with their line manager. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery. The registered provider confirmed that because of the recent challenges with regard to the leadership of the service this had not always been as consistent as the service would like to provide. Some staff we spoke said they had received regular supervision and they found this useful others did not. We noted that an action in the service's action plan was to improve upon the frequency of staff supervision and we were told this would improve once the new manager started in post.

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 make particular decisions, any made on their behalf must be in their best interests and 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.

For people living in their own home, this would be authorised via an application to the Court of Protection. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest and we saw they had completed basic MCA training.

All people who received a service from CRG Homecare had been assessed and their care package commissioned by the local authority. As such any issues with regard to mental capacity had been addressed prior to the agency delivering the care package. However, we saw in one person's care plan a deterioration in their capacity recorded. The agency had completed a capacity assessment and had involved relevant health professionals in determining a best interest decisions. This showed the registered provider was following the requirements of the MCA.

We saw in the care plans that people had signed their consent and where the person was unable to sign the agency had sought consent from a relevant person to sign on their behalf. For example the care file was signed by the person who had power of attorney (POA) for the person's health and welfare. There was a copy of the POA on file. This meant only people who were authorised signed on behalf of the person receiving the care package.

The staff we spoke with told us how they monitored the food and drink intake of people who used the service if that was necessary. They wrote down everything people had to eat and drink during a visit and also noted any changes that may have impacted on the person's health and well-being in the daily records. We reviewed these records and saw that they included details of meals, drinks, how the person was feeling that day and all care given.

Staff told us that any relevant information was shared with health and social care professionals working with the person. This information was included in the daily log book that was completed and kept in the person's home. They felt that this method was effective and kept everyone visiting the person informed and updated.

When they had any concerns staff contacted the appropriate health or social care professionals. In the event of concerns around a person's health the information was recorded in the daily notes, the registered provider was informed and referrals to health or social care professionals made. The staff we spoke with described the process they would follow and in addition said they would update the records for that person in accordance with any changes.

## Is the service caring?

### Our findings

The registered provider said that people were given a 'service user guide' before they commenced with a package of care. This gave people information about what to expect but also explained the ethos of the service and how they aimed to provide quality care to people. The service user guide stated CRG Homecare aimed to provide, "Flexible person centred support. That at all times care and support is provided in such a way as to achieve positive outcomes for service users which promotes choice."

People who used the service and their relatives spoke highly of the care staff. One person said about the care staff that visited, "Nothing fazes her; she treats me with respect and puts me at ease." Another person said, "Two came the other day [name] and [name] and they were little angels you can really trust them." Relatives we spoke with commented, "When they are in the house they are well mannered and they are very thoughtful with her." And, "Mum is very happy with them they look after her well and are kind and gentle with her. They are very caring she has a good laugh with them."

We asked staff whether they thought people were cared for well. They told us, "Yes definitely, we all really care about what we do." Another member of staff said, "The people are the best part of this job, it's why we do it, sometimes we are the only people they see all day so it's really important the time we are there is good for them."

Staff we spoke with demonstrated they knew people's needs and preferences well. They told us they had access to people's care plans and had time to read them. They felt this was an important part of getting to know what mattered to people. We saw people's consent had been sought around decisions about their care package, level of support required and how they wanted this support to be provided.

People's care plans contained information about what was important for them. For example, we saw one person liked to pay attention to their appearance and that their outfits needed to be coordinated and match.

The registered provider carried out 'social care inspection visits'. They explained they visited people to gather feedback on the support they received including staff attitude, care, compassion; privacy and dignity. We reviewed a sample of records made following these visits and saw recorded, "Very good carer," "So kind and compassionate." And, "Excellent care, lovely people." People we spoke with confirmed these visits had taken place and they felt able to speak openly about their views.

We saw that staff received training with regard to privacy and dignity and equality and diversity. Staff we spoke with confirmed they had received this training. When asked comments included, "We are going into people's homes so we must act like a visitor and respect that this is their home."; "I always check that people are happy for me to provide personal care, I always shut curtains and doors and make sure the person is covered as much as possible."

The registered provider said they had not been asked to support people at the end of their life but the they

had training available for staff and specific end of life care planning tools.

## Is the service responsive?

### Our findings

We looked at people's care plans and saw they were responsive and personalised to their needs. People were involved in their care planning or had asked relatives to take responsibility for this. People we spoke with said, "They have consulted us regarding the care plan and I ring the office if anything needs changing," "My daughter sorts out all the care plan and we have no complaints," and "We had a care plan meeting when [name] came out of hospital and there haven't been any changes since."

We looked at the care records for four people who used the service. We saw that prior to a service being offered an assessment had been completed which detailed what support people needed. Following this we could see that a detailed care plan had been written in conjunction with the person using the service or their relative.

Care plans were detailed and included the approach care staff needed to take to ensure that people received consistent, safe care. They covered areas such as personal care needs, nutritional needs, and support with medicines. There were also details of emotional support people may need and details of people's social and work history, all of which helped staff to build a positive relationship with the person. We saw care plans were personalised to the individual's needs and preferences. For example, in one person's care plan it described how the person preferred their drink making and where this should be left to make it accessible to them.

Staff we spoke with said the care plans were available in people's homes and they provided useful information to assist them in carrying out support safely and appropriately. The care plans we looked at had been reviewed regularly or when people's needs changed. This meant the record reflected the person's most up to date needs. The daily records provided an over view of the care and support given by the staff.

Information about how to contact the agency out of normal working hours was made available to people who used the service. People we spoke with said they had used this on occasion when visits to them were delayed. There was a mixed response as to the effectiveness of this with some people saying they had been unable to contact the office. We feed this back to the registered provider who agreed to follow this up.

The service had a complaints procedure, which was included in the information pack given to people at the start of their care package. All of the people we spoke with knew how to make a complaint and told us they had a copy of the complaints procedure. People we spoke with said, "We haven't had to complain because we are comfortable and satisfied with the service." And another person said, "I have no real complaints only when they were late the other day but [name] sorted it for me and she is very approachable."

The registered provider maintained a complaint log which detailed the action taken within the complaints procedures guidelines. We could see from the complaints that complainants had received a response within timescales and that details and outcomes of investigations had been completed and complainants advised of this in writing. One person we spoke with told us they had reported a problem with access to their

property. They told us the manager had visited to discuss and they had sorted the problem out. They said, "We were very satisfied with the outcome and how quickly they responded."

People had been sent questionnaires to seek their views about the service and enable the service to evaluate their effectiveness. It was clear when speaking to people that they had received these; one person told us, "The coordinator brought us a questionnaire a fortnight ago and she filled it in for me I said the only problem was sometimes the timings and I said the management is sometimes hit and miss." Another person said, "We have had two questionnaires sent out and we have had telephone calls from the management to ask us how things are going but we have no complaints and if we had I would have no problem in ringing the office."

Overall the analysis the registered provider had completed of the returned questionnaires indicated people were satisfied with the service they received; that it met their needs and they made positive comments about staff who supported them.

## Is the service well-led?

### Our findings

The registered provider registered the location CRG Homecare, North Yorkshire on 15 October 2015. The service is contracted to provide packages of care on behalf of the local authority. They do not provide any privately funded packages of care. Since the agency became operational there have been a number of issues raised about the effectiveness and consistency of the management of the service. This came to light through monitoring of the service by the local authority, whistleblowing and safeguarding investigations. The registered provider used their capability and disciplinary procedures to investigate and consequently a number of staff no longer worked for the service. Some of those members of staff held supervisory positions within the service and had not been carrying out accurate monitoring and auditing therefore the registered provider was unaware of the extent of the shortfalls.

The registered provider has found recruiting replacement staff a challenge and the management of the service has not been consistent. The registered manager for the service was not currently managing the service on a day to day basis but was working elsewhere in the organisation. There was a temporary manager in place who was covering but was also the registered manager of another location within the organisation. We were told a new manager had been appointed and they were due to commence in post in July 2016.

All staff we spoke with said they were committed to provide a high quality service for people and they felt they achieved this but that they were not well supported in their role. One member of staff said, "We get on with it [the job] but the support from the office is poor, half of us are not sure what is going on and who to call." Another member of staff said, "There's one manager who is good, approachable, and listens but they are not there every day." Staff told us they had informal support networks between them. One member of staff said, "We look after each other; we work well as a team." When we asked staff about staff meetings they said they had had one in March 2016 and prior to that they were 'hit and miss.' The regional manager said they recognised they had not supported staff effectively and improvements in this area formed part of their action plan. They were hopeful some stability in the management of the service would support this.

We saw the registered provider had in place a number of systems to monitor and audit the service. We could see from our review of these that prior to January 2016 they had not been completed effectively. From that date onwards they had been completed by the regional manager who had developed a robust action plan to make required improvements. The organisation had an organisation risk register. CRG Homecare – North Yorkshire was registered on this which meant the allocation of additional support to make improvements as quickly as possible. Particular areas for improvement had been in staff training, supervision, updating care plans and supporting people with their medicines. The registered provider told us, the level of input and scrutiny could create additional pressure and accountability but that some of this was required in order to improve the service.

We recognised the efforts being made to ensure the management of the service improved. We did not receive any negative concerns from people who use the service about the care and support they received and people expressed satisfaction and confidence in care staff. However, we recommend that the provider



seeks to stabilise this service as soon as possible and make effective its management and leadership. Also, to consider how best to support and value the staff delivering the service directly to people.