Care Quality Commission

Castlerock Recruitment Group Ltd

CRG Homecare - Blackburn

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

Castlerock Recruitment Group is registered to provide personal care to people living in the Blackburn and Darwen area to support people to remain as independent as possible in their own homes. Castlerock Recruitment Group also provides staff for sitting services, domestic support, social outings and shopping visits. They can also provide services at night such as sleep-ins and waking nights to support both service users and family based carers.

This is the first comprehensive inspection since the service registered on the 16 June 2014.

The service did not have a registered manager. However a staff member had applied to be registered with the Care Quality Commission and was awaiting an interview. 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.

Summary of findings

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Plans of care were individual to each person, showed staff had taken account of their wishes and were regularly reviewed.

Although people who used the service lived in their own houses and chose what they ate staff were trained in nutrition and safe food handling to give advice to people about their meals.

The agency asked for people's views around how the service was performing and we saw evidence that the registered manager responded to their views.

There was a suitable complaints procedure for people to voice their concerns. The people we spoke with said they did not have any concerns but knew how to contact the office if they did.

We observed a good rapport between people who used the service and staff. We saw that staff appeared to know people well and understand their needs.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package.

Staff received an induction and were supported when they commenced work to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training and become involved in providing support for subjects such as quality assurance.

Policies, procedures and the staff handbook guided staff about good care and practice issues.

Management conducted audits to ensure the service was performing well or devised an action plan for any area they found lacking.

The office was suitable for providing a domiciliary care service and was staffed during office hours and out of hours for people to contact.

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?

Good

The service was safe. There were systems, policies and procedures in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration although people were encouraged to self-medicate or families undertook the task. Staff either prompted or administered medicines to help people remain well if this was part of their care package.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle because staff received nutrition training. Some people did not require support to prepare or buy food. People who did were supported by staff who had been trained in food safety.

Is the service caring?

Good

The service was caring. People who used the service and their family members told us staff were helpful, flexible and kind.

We saw that people who used the service had been involved in developing their plans of care. Their wishes and preferences were taken into account.

We spoke with three people who used the service with permission in their home. People told us staff were caring.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. Although the service had not received any concerns the manager told us how she would respond to incidents and complaints.

People were asked their opinions in surveys, management reviews and spot checks. This gave people the opportunity to say how they wanted their care and support.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care agency.

Summary of findings

There was a recognised management structure that staff were aware of and on call staff to contact out of normal office hours.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

CRG Homecare - Blackburn

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.

In accordance with our guidance we told the provider we were undertaking this inspection. This announced inspection took place on the 18 November 2015 and was conducted by one inspector.

This service supports people who live in their own homes. We looked at the care records for four people who used the service (three at the office and one in a person's home). We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. We spoke with three people who used the service in their homes with permission, a family member, the manager and three senior staff members

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We did not request 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 any improvements they plan to make.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the service. No major concerns were raised.

Good

Is the service safe?

Our findings

People who used the service told us, "I trust the staff implicitly. They leave my property secure and I feel safe with the staff I have", "I trust the staff and feel safe" and "Staff work around how he feels from day to day. We feel safe with the staff and trust them."

We saw from the training matrix and staff files that staff had been trained in safeguarding issues. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. There was also a copy of the 'No Secrets' document for staff to follow good practice. Although the service had not had to report any safeguarding incidents the manager was aware of the responsibility to protect people and use the safeguarding procedures.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal records check called a disclosure and barring service check. This check also examines if prospective staff have at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

We examined three plans of care during the inspection in the office and one in person's home. In the plans of care we saw that risk assessments had been developed with people who used the service. The risk assessments we inspected included the safety of the environment, such as potential hazards to people who used the service, for example faulty equipment or any health related issues such as mobility problems. The risk assessments for people's homes were also for the safety of staff. Staff were aware to report any hazards or equipment that was unsafe. We saw that the risk assessments were to keep people safe but did not restrict their lifestyles.

There was a signed agreement for how a person wanted staff to enter their home. For one person we noted staff had to always use the doorbell to let her know they were coming in and then they had to log onto the system before any assistance was given.

Equipment in the office had been tested to ensure it was safe. This included a portable appliance test for computers and other electrical equipment. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The building was owned by a property company. The manager told us any faults or repairs were quickly attended to.

People who used the service lived in their own homes and were responsible for infection control. However, from looking at the training matrix and staff files we saw that staff had been trained in infection control issues. The manager told us staff would report any infection control risks to the office and they would contact the person to see if a solution could be found. Personal protective equipment (PPE) was available for staff to wear such as gloves and aprons to help prevent the spread of infection and staff were issued with hand gel to use between visits.

From looking at the training matrix and staff files we saw staff had been trained in the safe administration of medicines. The three people we visited either self-medicated or a family member was responsible for giving them their medicines. Staff used a medicines administration record to record any medicines they gave to people who used the service. Plans of care gave staff clear details of who was responsible for the administration of medicines and there was a risk assessment to ensure people who used the service were capable of the self-administration of medicines.

There was a policy and procedure for the administration of medicines for staff to follow safe practice. The policy gave staff information on the ordering, storage, administration and disposal of medicines. There was also guidance for the administration of medicines in the staff handbook. The manager told us staff would report any medicines they did not feel were being stored safely or correctly.

Good

Is the service safe?

Senior staff checked staff competencies following training and prior to administering medicines. Further staff competency was then checked during spot checks. Safe medicines administration was brought up at staff meetings.

Good

Is the service effective?

Our findings

People who used the service told us, "The staff are reliable and they do their best to get here on time", "The staff are most efficient and seem to be well trained" and "I get the same staff more or less so I know them all. The staff are well trained; I trained them to look after me. They know my routine."

There was a system for logging when staff had arrived and left someone's home. This would inform the service if staff were late, had missed a visit or not spent the agreed time to give the care required. Staff at the office could respond within five minutes if staff were running late and inform the person using the service that staff were on their way.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoL'S. However staff were trained in the MCA and DoL'S to ensure they were aware of the principles. The manager told us they would report any suspected deprivation of liberties to social services as a safeguarding concern.

Each person who used the service had a mental capacity assessment around key areas of service provision such as medicines administration and consent to care and treatment. If people were not able to consent to care and treatment this was reported to social services. Only staff who had been trained could undertake the assessments. The three people whose care plans we inspected and then visited had the mental capacity to make their own decisions safely.

People had their own GP and the manager said if needed people would be supported to attend appointments at hospitals or professionals such as dentist or opticians. The details of professionals were recorded in the plans of care.

All new staff were enrolled on the new care certificate and once completed would be encouraged to undertake further training in health and social care. Staff were taught care principles and techniques, for example, for moving and handling. New staff then worked with a mentor and were not allowed to work with people who used the service until they and senior staff thought they were competent to do so. The induction included the completion of a work book so managers were aware of the capabilities of staff. The service had trained some senior staff to be able to verify the competency levels of staff so they were safe to work with vulnerable adults.

The service employed a person who was responsible for training, including the care certificate. There was a training matrix which recorded when staff had received training or were due a refresher course. From looking at the training matrix and three staff files we saw that staff had been trained in mandatory subjects. This included infection control, food safety, nutrition, moving and handling, safeguarding, health and safety, fire prevention, first aid and medicines administration.

The aim of the service was for all staff to aspire to provide a better service through training. Staff were therefore encouraged to become 'champions' for topics such as policy reviews, management skills and quality assurance. Champions are staff who support other staff in their chosen topics. Further training was also offered for lone working, how to safely de-escalate a situation where the behaviour of people may be difficult, diabetes and epilepsy care. Staff completed a skills checklist which enabled managers to spot where staff required training.

Staff received regular supervision. This could be within the office or as spot checks to check paperwork and tasks were being completed. During the spot checks people who used the service were asked how well staff were performing. The staff we spoke with said they could bring up topics such as training they felt they needed.

Good

Is the service effective?

Staff were trained in safe food hygiene and nutrition. People lived in their own homes and could eat what they wanted. The manager told us staff would contact the office or a social worker if a person's nutrition was poor but if they had mental capacity it was each individual's choice what they ate. Likewise staff could only advise people about safe food hygiene. Some staff prepared meals or snacks. Two of the people we spoke with were responsible for providing their own meals and doing their own shopping with or without family assistance. One person said staff prepared her lunch and tea and staff made what she asked for.

The office was located on the outskirts of Blackburn and was accessible for any person who had mobility problems. The office was equipped to deal with day to day office management, for example, computers with email access, telephones and other office equipment such as a photocopier. There was a room available for private meetings or to hold staff training sessions. There was a staff member available to take calls and co-ordinate care during office hours and an on call service out of hours.

Good

Is the service caring?

Our findings

People who used the service told us, “The staff are very nice. I have no complaints about them”, “The staff are kind and caring. My main carer is very good and will go the extra mile and always asks if I have all I need” and “The care staff are very nice. One member of staff was a bit quiet to begin with but we are getting used to each other now and it’s great.”

We observed the interaction between staff and people who used the service and their families. There was a good rapport between them and the conversation was good. We saw that there was a good relationship. This was partly because they were regular staff and knew the people they looked after well. People who used the service and family members said the manager was caring.

We did not observe any personal care being given but people told us they were looked after privately and their dignity was preserved.

Management conducted spot checks. This was to check on staff efficiency but also to talk to people who used the service to see if their care package was working.

We saw that plans of care detailed people’s personal choices and routines. This included the times people wanted their care and how long they needed staff to spend to complete their tasks. These also included details about a person’s food likes and dislikes, what level of personal care they required and how much they could do for themselves, any religious or cultural needs or records of any family involvement they would like. The service also asked family members about their views on what care was required and what support they gave to the person. This should enable people to be treated as individuals and receive care they were comfortable with.

We noted all care files and other documents were stored securely to help keep all information confidential.

Good

Is the service responsive?

Our findings

Two people who used the service told us, “They write about any care I have and I have read it. What they write is accurate” and “I know they write about me but have never wanted to read about it. I get the care I need.”

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person’s needs. The assessment covered all aspects of a person’s health and social care and had been developed to help form the plans of care. We looked at three assessment records. The assessment process ensured agency staff could meet people’s needs and that people who used the service benefitted from the placement.

We looked at three plans of care in the office and one plan of care with permission in a person’s home. Plans of care were detailed and recorded the health and social needs of each person. Every care plan had been developed with people who used the service and they had signed their consent. The plans were divided into topics, for example moving and handling, continence, diet and nutrition, communication, mental health, personal care, spiritual needs, personal care etc. Each topic was assessed with the person who gave their perspective on what was needed. Each need was highlighted, a goal set and details on the care staff needed to give to reach the desired outcome. We saw that where people could do some of the tasks for themselves staff were clearly informed to help people retain their independence. The plans also told staff what families were responsible for. There was a past history of the person for staff to gain some knowledge about their backgrounds. The plans were regularly reviewed and discussed with people or their families during spot checks or phone calls from management.

After each visit staff wrote about the care and support they had given people who used the service. We looked at some past records and one up to date record. We saw that staff recorded what they had done and how the person had been. Any care previously given could be picked up by the next member of staff to enable continuity of care. Staff were also aware to report any significant changes to management or people families.

Staff would support people who used the service to attend activities or appointments if this was part of their care package.

We saw that each person had a copy of the complaints procedure in their plans of care. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission.

Three people who used the service said, “I have the telephone numbers to contact the office if I have any concerns but I don’t have any at the moment”, “I have the office numbers if I need to talk to anybody and would talk to the manager if I had any concerns” and “If I had any concerns I would talk to the manager. She would listen to me and help.”

Although the service had not received any complaints one person who used the service told us how the manager had responded when she had told them a carer did not appear to be performing as well as expected and they had brought in another member of staff who was better. The area manager also told us any complaints would also be analysed by head office and support provided to the manager to provide a good response.

The service had a business continuity plan to ensure people could be cared for if there was an emergency at the service. This included how the service could respond to people’s needs due to bad weather such as heavy snowfall hindering staff movement.

The service regularly rang people who used the service to check on how well the service and staff were doing. From the three care plans we looked at in the office we saw the surveys which were all positive. People had said staff had not missed visits or been late, staff were courteous and respectful and had been contacted if a member of staff was to be changed for illness or holidays. We saw that people thought the service was good or excellent.

We saw the service liaised well with other organisations such as social services. We contacted the local authority and Healthwatch. The local authority said, “CRG are consistent in their reporting of missed visits and any safeguarding concerns. We have not received any concerns from our social work colleagues. The responses we have

Good

Is the service responsive?

had from families are positive and complimentary about the carers who attend them and if they have spoken to the office." Blackburn with Darwen Healthwatch did not have any concerns.

Good

Is the service well-led?

Our findings

The service did not have a registered manager. However a staff member had applied to be registered with the Care Quality Commission and was awaiting an interview. 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.

People who used the service said, "We are happy with the service we get. It is fantastic", "Senior staff come here and talk to me about my care and staff. You can talk to the manager. She is very nice", "The manager is available to talk to if you want to and she comes to see me sometimes."

We saw that there was a good staff team who supported each other. On the day of the inspection we could hear the care co-ordinator arranging shifts and taking calls in a professional manner. All the staff we spoke with said they supported and complimented each other. There was a recognised management structure staff could understand and were aware of. Staff we spoke with had specific duties such as training and quality assurance as well as the day to day management of the service.

Staff meetings were held quarterly to discuss care and other issues. We saw from the last staff meeting that topics discussed included the administration of medicine, travelling allowances, confidentiality, effective call logging, completing documentation and using the communication book, the use of PPE, and any good news management could pass on. Staff were also encouraged to participate in action groups and two staff had just joined the quality assurance group to inform manager what was working or not working well on the shop floor. Managers were encouraged to join a group to look at new systems and best practice. The manager said there was an open door policy for staff to come in to discuss work or other issues.

The service had received Investors in People and ISO62781 accreditation which meant systems the service used reached the standards they set.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included recruitment, selection and induction, the service user guide, complaints, infection control, health and safety, accidents, incidents and dangerous occurrences, health and safety, the administration of medicines, safeguarding and whistle blowing.

The policies were reviewed regularly to ensure they were fit for purpose.

Staff were given a handbook which they were expected to follow and guided staff around the company's aims and objectives, codes of conduct, training and development, key policies and procedures, health safety and well-being, confidentiality, lone working, safeguarding, medication administration, grievance, complaints, quality assurance and company contact numbers for specific guidance.

The company sends out quality assurance questionnaires for all their branches at the end of November every year. The service had not been operating since last November. However, the service had undertaken telephone surveys to people who used the service, family members and social workers. The results we saw were positive around all the questions asked such as staff reliability, competency, knowledge of the person they looked after and respect for privacy and dignity.

Senior staff conducted audits on the office environment for confidentiality and if relevant paperwork was on show (safeguarding, dignity and choice, whistleblowing and anti-bullying). Managers also audited the quality of staff and client files, complaints with a reference to any response the service made, staff training, care plans, staffing recruitment and numbers and logging of visits. We saw that actions had been taken following the audits, for example improvement to care plans, more frequent supervisions and more details of staff's past employment history. The audits helped management to identify any areas of the service that needed improvement and we saw they formulated a plan on how to achieve better results.