Care Quality Commission

Castlerock Recruitment Group Ltd

CRG Homecare - Liverpool

Inspection report

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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 caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection was carried out on 27 May and 1 July 2015.

CRG Homecare – Liverpool is a registered with the Care Quality Commission to provide personal care. The service supports people who live in their own homes. At the time of our inspection the service was supporting approximately 100 people who required support with personal care across areas of Liverpool.

The office base is located in Liverpool, Merseyside. The office is on the first floor of an office building and is accessible for people who use wheelchairs via a passenger lift. The office premises provide the facilities required for the running of the business.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 told us they felt safe in the way staff supported them. Risks to people's safety and welfare had been assessed and information about how to manage risks was included in risk assessments. However, we found some of this information was not then reflected in people's care plans.

Procedures for preventing abuse and for responding to allegations of abuse were in place. Care workers told us they were confident about recognising and reporting suspected abuse.

Most of the people who used the service, who we spoke with, gave us good feedback about the agency. People told us they were provided with good care and support based on their individual needs. Most people told us they were supported by a small number of staff and therefore they received good consistency of staff. However, we did also receive some negative feedback from a number of people who told us they had been supported by too many different care workers. We found the manager had started to improve the level of consistency of care workers.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate changes to visits as requested by people who used the service or their relatives.

Staff worked alongside health and social care professionals to make sure people received the care and support they needed. A care co-ordinator was able to provide recent examples of how they had referred to healthcare professionals for advice and support when people's needs had changed.

People who used the service had a care plan and those people we visited had a copy of this in their home. The care plans we viewed provided a good level of detailed information about people's needs in some areas but they lacked some important information in other areas. For example the support people required with their medicines or with moving and transferring.

When people required support with their meals and diet this was documented in their care plan and most people we spoke with told us the staff met their needs in line with this.

Some of the people who used the service were supported with their medicines and staff told us they were trained and felt confident to assist people with this. Detailed assessments of people's support needs with medicines had been carried out. However, guidance about how to support people with their medicines and medication administration records were not being maintained appropriately.

The manager was aware of the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions. Staff told us they obtained people's consent before providing care and support.

We found that there had been a high turnover of staff at the agency more recently. The manager told us that a lot of the new starters had been taken on in addition to the previous staffing. We saw that not all new staff had undergone appropriate pre-employment checks before they started working for the agency.

The majority of care workers we spoke with told us they would be confident raising any concerns and felt that any concerns they did raise would be dealt with appropriately. Staff told us they felt well supported in their roles and responsibilities and that they had the training and experience they needed to carry out their work effectively.

The provider had systems in place to check on the quality of the service. These included checks on areas of practice and seeking people's views about the quality of the service. We found the quality assurance system required improvement, as the concerns we found with regards to the recruitment of staff and management of medicines, had not been identified through the provider's own checks.

You can see what action we told the provider to take at the end of the report.

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?

Requires improvement

The service was not always safe.

Staff had been provided with training in administering medication and they told us they felt confident in this. However, some of the procedures for supporting people with their medicines required improvement.

There were sufficient numbers of staff employed to protect people's safety. However, not all staff had undergone appropriate pre-employment checks to ensure they were suitable to carry out their roles and responsibilities.

People who used the service told us they felt safe. Risks to people's safety had been assessed and were managed and procedures were in place to responding to allegations of abuse.

Is the service effective?

Good

The service was effective.

Staff told us they felt suitably trained and supported in their roles and responsibilities.

The manager was aware of the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions. Staff told us they obtained people's consent before providing care and support.

People were supported with food, meals and drinks according to their plan of care.

Staff referred to health and social care professionals to make sure people received the care and support they needed.

Is the service caring?

Good

The service was caring.

People who used the service told us care workers were caring.

People were involved in making decisions about the care and the support they received. People's support plans included information about people's need, wishes and choices and support was provided in line with these.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's individual needs were not always clearly reflected in a plan of care.

People told us they felt their needs would be accommodated if they wished to make changes to their care package.

Summary of findings

People were provided with information about how to make a complaint and complaints had been investigated and responded to appropriately.

Is the service well-led?

Requires improvement 

The service was not always well-led.

The systems in place for checking on the quality of the service were not fully effective in identifying shortfalls and making improvements to the service.

Staff were clear as to their roles and responsibilities and the lines of accountability across the service.

The majority of staff told us there was an open culture and that they felt they would be listened to if they had any concerns.

CRG Homecare - Liverpool

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 unannounced inspection was carried out by two adult social care inspectors on 27 May and 1 July 2015.

We reviewed information we held about the service before we carried out the visit. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications the Care Quality Commission had received about the service.

We had sought feedback from commissioners of the service prior to the inspection and we used this to inform our planning.

We contacted seven people by telephone who were supported by the agency to seek their views about the service. We also met an additional three people who were supported by the agency during a visit to their homes. We spoke with nine care workers, a co-ordinator, and the manager.

We viewed a range of records including: the care records for four people who used the service, six staff personnel files, records relating the running of the service and a number of the provider's policies and procedures.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe when staff supported them. Most people told us that the same regular staff came to see them. One person said they used to get different people sent to their house which made them feel nervous as they did not know them, however, after speaking to the office and raising their concern they now see the same person.

We looked at how the agency supported people who required support with their medicines. Staff training records showed that staff had been provided with training in administering medication during their induction and refresher training was provided at regular intervals following this. Staff told us they felt suitably skilled to do administer medication. The agency had a policy and procedure for the safe handling of medicines but we found this was not being followed. We looked at a sample of medication administration records (MARs) for people who required support with their medicines. We saw that medication administration records were not being maintained appropriately as they failed to detail the medicines that people were supported to take. We also found there was no consistency in how MARs were completed. Some MARs were scrawled or had many gaps or blank spaces. This made it very difficult to establish if people had been supported with their medicines appropriately.

We found that a fairly detailed assessment of the support people required with their medicines had been carried out. However a summary of this information had not been transferred into people's care plans and care plans included minimal information about people's needs with their medicines. During our visits to people who used the service we saw that care workers had not always maintained a record of medicines they had administered and information about people's needs with their medicines was not recorded in their care plan. It is important that such records are maintained when a care worker supports people with their medicines. This helps ensure that people are supported to have prescribed medicines at the correct time and in the correct dose. People who use the service are at risk of not receiving their medicines as prescribed if care workers do not have the information they require to administer medicines safely.

Care and treatment was not provided in a safe way by ensuring the safe management of medicines. This is in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. These included environmental risks and any risks relating to the health and support needs of people who used the service. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. However, we found that some important information about risks to people's safety were not always transferred into people's care plans. For example some people required specialised equipment for moving and transferring but people's needs with this were not detailed in their care plan. For one person whose care plan we viewed there was no reference at all to their moving and transferring needs and how care workers were to meet these.

Systems were in place to prevent abuse from occurring. An adult safeguarding policy and procedure was in place. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. We spoke to care workers about safeguarding and the steps they would take if they witnessed abuse. They gave us appropriate responses and told us that they would not hesitate to report any incidents. Staff told us they had been provided with training on safeguarding during their induction.

We looked at staff recruitment records for six newly appointed care workers. We found that appropriate pre-employment checks had been carried out for four of the new care workers before they began working at the service. All application forms had been completed and applicants had been required to provide confirmation of their identity. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. However, the provider had failed to obtain appropriate references for two of the six care workers whose records we looked at. For one care worker there

Requires improvement

Is the service safe?

were no appropriate employment related references. A reference for another care worker detailed negative feedback but the person had been appointed without any evidence that this had been questioned.

Staff recruitment procedures were not carried out appropriately as not all required pre-employment checks had been attained. This is in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staffing. We found that approximately 9,000 hours of care had been delivered in previous month and there were adequate staffing numbers to deliver this. At the time of our inspection the service employed 61 care workers, 31 of whom had been recruited in the last six months. The manager told us that 13 of the new care workers had been recruited as additional staffing and not to replace staff who had left. We checked to see how many hours carers had worked each week for a five week period. We saw that the hours they worked reflected their working preferences and although they had sometimes worked 45 hours in one week, they had worked fewer hours in the following week. Care workers told us they did not feel under pressure to work in excess of the hours they choice to work.

We noted that the daily work schedule did not always allow time between calls and the manager said that their contract with the local authority had minimum times set. A 30 minute call required a minimum of 20 minutes with the person and a 60 minute call 50 minutes and this allowed carers time to travel between people's homes.

The manager had introduced a system of 'standby' care workers to cover for sickness and absence. Two or three staff were always available and could be contacted by the co-ordinators or on-call service 24 hours a day. Flexibility of staffing hours is particularly important in domiciliary care because people's needs can change quickly, if for example they need to spend time in hospital or need extra support for a short period of time.

Procedures were in place for responding to emergencies and there were 'on call' managers to ensure staff could seek guidance, advice and support 24 hours per day.

Good

Is the service effective?

Our findings

Staff told us they felt sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. We viewed the personnel files for six care workers. We found that care workers had undergone an induction when they commenced their employment and they underwent a period of shadowing more experienced members of staff prior to working on their own. The shadowing was usually for a period of three days or approximately 30 hours. This helped care workers to learn more practical aspects of their role and to meet people using the service. The staff induction consisted of online learning which included topics such as; health and safety, equality and diversity, safeguarding, mental capacity, dementia care, and infection control. Care workers also attended two days of face to face, practical training in moving and handling, assistance and administration of medicines, principles of care and basic life support. One staff member told us their induction was "Brilliant" and another said "The trainer was brilliant." All of the staff said they were well supported through their induction. Long term staff were required to undergo refresher training on the above topics. The staff training matrix showed that nine staff were overdue the refresher training but we saw they had been booked onto refresher training and this was scheduled to take place in the near future.

Staff told us they felt appropriately supported in their role. The manager maintained a data base showing when staff had received supervision. This showed that the majority of longer term members of staff had attended a supervision meeting recently. However, there were a number of staff who had not had a recent supervision. We saw supervisions meetings had been scheduled for these members of staff and for new staff. Team meetings were held on a regular basis. We were shown the minutes of the last general staff meeting dated March 2015.

Staff had been provided with a staff handbook when they commenced employment. This provided staff with information about their roles and responsibilities and with information on key policies and procedures such as; responding to complaints, whistle blowing, safeguarding, equality and diversity and codes of practice.

The manager was able to demonstrate their understanding about the Mental Capacity Act (2005). The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The manager told us they would work alongside family members and health and social care professionals in deciding if a decision needed to be made in a person's best interests. People's assessment of needs included a section about their capacity to consent to the care provided and we saw that people had been asked to sign their care plans as being in agreement with the care provided. Care workers we spoke with also understood about mental capacity and how this could impact on the people they supported.

We asked staff if they had had experience of supporting people to access health or social care professionals. Staff told us most people did not require this level of support as they could do this independently or with the support of their relatives. However, they told us they were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals if this was required. Care co-ordinators were able to provide us with recent examples of how they had worked alongside health care professionals to ensure people's needs were met effectively.

Where people required support with their meals and diet this was documented in their care plan. One person who used the service described how the care workers always asked them what they wanted before preparing their food. This included breakfast, lunch and evening meal. They said they were happy with the way their food was served and presented. However, we also received some negative feedback from a relative who felt their family member was not being appropriately encouraged to eat.

Good

Is the service caring?

Our findings

We asked people who used the service to tell us if they felt care workers were caring and if they respected their privacy and dignity. People's comments included: "They are kind to me" and "They are very pleasant, cheerful and caring." One person described waking up to see a care worker in the mornings, they told us "This morning was marvellous, waking up to see her face. I have a great fondness for her." Another person said, "They are very caring; I'm so fortunate with my carers." All of the people we spoke with and their relatives told us the staff who supported them were kind and considerate. One person said "They are nice people who come." Another person said "They do their best' and "She makes me laugh."

Staff we spoke with demonstrated a caring attitude, giving examples how they ensured the people felt cared for. Comments from care workers included: "I would always go above and beyond for the clients", "It is important to me I look after them well", "Person centred practice should roll off the tongue" and "I know what to do with my clients, I have the same clients so I have gotten to know them and I understand what to do, how they like things done."

Most people we spoke with told us that they received care, as much as possible, from the same care workers. This meant people had the opportunity to build relationships with care workers and this enabled them to build trust in them and in the service. However, we heard from a small number of people that there had been frequent changes to their care workers and this had been unsettling. They told us the carers were still very good but that they did not always know their needs very well. The manager told us they had recruited more staff to try to ensure greater consistency of care workers.

During discussions with care workers they told us they were respectful of people's privacy and dignity. They gave us examples of how they protected people's privacy and dignity when supporting people with personal care such as; always asking people's permission to support them, closing doors and curtains, using towels or garments to cover people and talking to people throughout.

People were encouraged to maintain their independence. During our discussion with staff they used terms such as 'support' and 'choice' when describing how they supported people. We also saw in people's records that staff had recorded that they had 'assisted' people or they made reference to the fact that people had carried out tasks independently.

People told us they were involved in developing their care plan and identifying what support they required from the service and how they wanted this to be provided. We saw that people had been asked to sign their care plan as consenting to the care and support provided.

People who used the service had been provided with information on the standards they could expect from the service and key pieces of information about matters such as confidentiality, maintaining their safety and security.

Requires improvement

Is the service responsive?

Our findings

We viewed the care plans for four people who used the service and we met three of the people whose care plans we viewed. We found care plans were detailed in some areas but lacked detail in other areas. Some of the information missing was important information that care workers would need access to. For example information about people's moving and transferring needs or the support they required with medication.

One person told us that they and their relative had met with the manager before receiving care from the service. The manager had assessed their needs and we saw that a detailed care plan was in their care folder. They said they had not looked at the care plan but were happy that the care and support they received met their needs. Another person's care plan included four visits each day and detailed the care the person said they received. It included, 'prompt with medicines' however the person said the carers always handed them their tablets, with a drink or water. One person had been receiving care and support for several months. This had initially been four times a day but as they had recovered this had been reduced to three times a day and more recently, twice a day. These changes had not been updated in the person's care plan. It also conflicted with the support the person said was provided to them. For example, they said they took their own medicines and told us what each tablet was for. Their care plan said they required prompting with medicines. The care plan said the person had 'cognitive impairment' and needed assistance with handling money. The person told us that carers never handled money or did shopping for them. We did not see any assessment of the person's cognitive function but during our visit they appeared very clear about their circumstances, remembered details and dates and articulated these clearly in conversation. We discussed this with a senior carer who did not know the person personally but said they would ensure their care plan was reviewed soon.

Some of the care plans we viewed had not been reviewed and updated for some time. The manager told us they were aware of this and that they were in the process of introducing new care plans which included a greater level of information about people's individual needs. We saw this work had commenced.

A lack of effective planning of people's care and treatment is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed feedback about the responsiveness of the agency. Each of the people we spoke with said they had communicated with the office over some minor issues recently. Most people said they were listened to and could notice a change as a result of the conversations they had. One person said they requested a meeting with the manager to discuss the care package and this happened within an acceptable time frame. Another person said they sometimes need to call office to discuss their call times. Two of the people using the service who we spoke with said that care workers were usually on time but that they did arrive late sometimes. They said they did not receive a phone call to let them know someone would be late but they had occasionally telephoned the office themselves to find out. They said they had not been concerned for their own sake when a call was late because they thought care workers were more punctual attending other people with greater care needs. A relative told us the agency could not seem to accommodate one of the call times for their family member. As a result of this staff were sent in too early. This person said they didn't feel listened too. Another person told us "They say I'll ring you right back, but no one ever calls back."

People who used the service were generally supported by small consistent staff teams. This meant staff had the opportunity to develop a good level of knowledge about the needs of the people they supported and any risks to their safety and wellbeing. However, a number of people told us they felt they had too many changes to their staff team. One care worker told us there had been changes to the service which meant that care workers were now being sent to the same people rather than seeing different people every day. Care workers told us they now supported the same people week by week. One care worker said "It is better now it is like this because it gives me a chance to get to know people."

A care co-ordinator was able to provide us with examples of how they had worked with other agencies to make sure people received the care and support they needed when

Requires improvement

Is the service responsive?

their needs had changed. Where required the agency worked alongside family members, or relevant health and social care professionals, such as occupational therapists to ensure people's needs were met.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. The information included contact details for other agencies should people wish to raise concerns with others outside of the company. We viewed the complaints log and saw that any complaints received had been investigated and responded to appropriately.

The agency had policies and procedures in place for responding to emergencies. Staff had access to these and to an 'on call' manager for advice and support. A senior carer said that staff were supposed to call the office if they were delayed and if that happened, a co-ordinator called people to let them know. Two people who used the service told us they had not been contacted about delays but that they could always contact a co-ordinator or the on call service by telephone. We saw that both telephone numbers were easy to see in their care files. One person said that carers were very flexible as they had asked to change visit times due to activities and this had been accommodated by the service.

We reviewed an electronic call log which was completed by a co-ordinator when someone called the service. The system was shared with on-call managers who would then log any out of hours concerns. This allowed the manager and co-ordinators to know if there had been any concerns or problems the previous day and night. It was easy to access and effective in sharing information.

Requires improvement

Is the service well-led?

Our findings

The provider had systems in place for assessing and monitoring the quality of the service. These included visiting and surveying people who used the service and the provider carrying out audits on areas of practice. However, the provider's own checks had failed to identify some of the shortfalls we found in the service which we have reported on under the 'Safe' and 'Responsive' sections of this report. This was despite us having made a request to the provider to review staff recruitment and medicines management practices prior to our inspection as a result of information we had received about the agency.

The systems in place to assess the quality of the service, identify and manage risks and make improvements to the service were not fully effective. This is in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed feedback from people who used the service and care workers about the leadership of the agency.

The majority of people we spoke with said they had either spoken to or met the manager of the service in person. One of the people who used the service said they had spoken to the manager to raise a concern and the manager had dealt with this appropriately. They said "I just get on the phone and it gets resolved." The same person also said they would recommend the service to their family/friends. A relative told us the manager had dealt with things well when they last raised an issue, and they felt there was no need to pursue the issue any further. However, another relative told us they felt that concerns they had raised had not been listened to and acted upon appropriately.

The majority of staff we spoke with told us they felt there was an open culture across the service. The agency had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so.

The majority of care workers we spoke with felt that if they did raise any concerns then they would be taken seriously and action would be taken in response. The majority of staff told us they received regular advice and support from the manager and senior care staff. They said the manager and senior staff were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. One staff member said "I text the manager or email him and he will get back to me." Another member of staff said "The office staff are very supportive to me". One care worker commented; "Out of hours I can still contact the manager if I have a concern and he will get back to me." However, a small number of care workers told us they would not feel comfortable raising concerns. One care worker said "There is no point raising anything, as it doesn't get dealt with anyway."

All of the staff spoken to said they had recently received supervision or had a supervision meeting scheduled. Staff who had worked at the agency for longer than one year had also received an appraisal.

The officer premises were suitable for the running of the agency and records we required were stored securely and readily available to us.

The agency had policies and procedures in place for responding to emergencies. Staff had access to these and to an 'on call' manager for advice and support 24 hours per day.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had not provided care and treatment in a safe way by ensuring the safe management of medicines.**

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person had not ensured that all required pre-employment had not been attained before care workers started working at the agency.**

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered person had not protected people against the risk of receiving inappropriate care and treatment through the effective planning of care and treatment.**

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had not protected people against the risk of inappropriate or unsafe care and treatment by not having effective systems in place to identify and manage risks and to make improvements to the service.**