

Castlerock Recruitment Group Ltd

CRG Homecare - Richmond

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection and took place on 24 March 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

CRG Homecare Richmond provides personal care for people in their own homes. The office is based in the Richmond area.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection in October 2013 the agency met the regulations we inspected against. At this inspection the agency met the regulations.

Summary of findings

People said the service provided was good and that they were satisfied with it. They were positive about the choice and quality of the service provided. They thought it was safe, effective and that staff were caring, responsive and well led.

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

Staff were knowledgeable about the people they supported, their care they needs and got support from the service to provide it. They had appropriate skills and provided care and support in a professional, friendly and

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

People were encouraged to discuss health and other needs with staff if appropriate. Any health information of concern was passed on to the person's GP's and other community based health professionals, with their permission. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The agency was suitably staffed, with a well-trained team that had been security checked. The agency was suitably staffed, with a well-trained team that had been Disclosure and Barring Service (DBS) cleared. There were effective safeguarding procedures that staff understood.

People were supported to take medication in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good



Is the service effective?

The service was effective.

People's support needs were assessed and agreed with them. Their needs were identified and matched to the staffs skills. They had access to other community based health services that were regularly liaised with.

People's nutrition and hydration needs were met.

Good



Is the service caring?

The service was caring.

Staff provided support in an appropriate way.

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

Good



Is the service responsive?

The service was responsive.

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

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

Good



Is the service well-led?

The service was well-led.

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

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

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

Good



CRG Homecare - Richmond

Detailed findings

Background to this inspection

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

This was an announced inspection and took place on 24 March 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by an inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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

There were 73 people receiving a service. During the inspection, we spoke with six people using the service, two relatives, eight staff and the registered manager.

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

Is the service safe?

Our findings

People said they thought the service was safe. People using the service and their relatives said that the number of staff had increased and was much better now than previously. They mostly received their care from a regular team of four to six carers. Everyone spoken with preferred to see regular carers so that they got to know the carers and the carers got to know them. One relative told us, "It's important to me that my husband's carers know him particularly when he can fluctuate from day to day. It is important that a carer can recognise when he is not feeling particularly well and either let me know when I am home from work or if needs be, can phone someone for advice." One person said, "I feel safe with them."

The service had policies and procedures that enabled staff to protect people from abuse and harm. Staff were trained in abuse and harm recognition. They understood what constituted abuse and the action to take if it was encountered. There was a policy and procedure for reporting, investigating and recording safeguarding. Staff had received appropriate training. This included situations that required raising a safeguarding alert and how to raise one. This knowledge was also tested as part of the recruitment process. Further safeguarding information was contained in the staff handbook. The staff rota demonstrated that people's needs could be met flexibly and safely. The staff handbook contained the organisation's disciplinary and whistle-blowing policies and procedures. There was no current safeguarding activity.

The staff recruitment procedure recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of the care field they were working in. References were taken up and security checks carried out prior to starting in post.

There were risk assessments that enabled people to take acceptable risks and enjoy their lives safely. The risks assessments were monitored, reviewed and adjusted as needed. They were contributed to by people and staff. Staff encouraged input from people whenever possible. Staff were trained to assess risk to people. People's consent to the service provided was recorded in the care plans.

Staff shared information with other health care professionals as required and appropriate. There were accident and incident records kept. Staff said they knew people well, were able to identify situations where people may be at risk and take action to minimise the risk.

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

Is the service effective?

Our findings

People told us they made decisions about their care, when they wanted it and who would provide it. People and relatives said that they felt the staff were adequately trained in order to be able to undertake the tasks that were required. They were aware of people's needs and met them in a skilled, patient and relaxed way. One person said there had been an issue with one carer regarding hoisting, but the carer was replaced when they complained. They said the type of support provided by staff was what they needed. Another person said their carer was very good at noticing when they were running out of bread or milk. There was a local shop opposite and the carer would purchase replacements for them, particularly when the weather was bad or slippery under foot.

People said that they didn't feel rushed by their care workers. They also valued being able to talk to their carers and have a normal conversation. One person said "If it wasn't for the chat I have with my carer every day I wouldn't see a soul from one day to the next."

Staff were well trained and received seven days induction and refresher training and shadowed other carers before working alone. Staff were trained in areas such as infection control, lone working, medicine, food hygiene, equality and diversity and assessing risk. Staff training needs were highlighted on the database. Local authority training

courses provided some of the training. Staff supervision and appraisals provided an opportunity to identify group and individual training needs. There were staff training and development plans.

Care plans included sections for health, nutrition and diet. Food and drink dietary evaluation sheets and nutritional assessments were updated regularly as required. Where appropriate staff monitored what and how much people had to eat with them, to promote a healthy lifestyle and diet. They also advised and supported people to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's GP with permission. Other community based health services, such as district nurses and commissioning social workers were regularly liaised with as required.

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

Is the service caring?

Our findings

People told us that they were treated with dignity and respect by staff. They listened to what people said, valued their opinions and provided support in a friendly and helpful way. People using the service and relatives felt that they had been adequately involved in their care plans. Those spoken with all said that they had originally sat down either on their own with the agency representative, their social worker from the local authority or the equivalent from the hospital to determine the level of input that was needed.

People told us the agency provided enough information about the service. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them. People said there was frequent telephone communication with the office and they completed an annual feedback questionnaire.

One person told us that they have carer workers three times a week to come and wash their hair, bathe and get dressed. They said that the care worker was very careful to make sure that they were not sitting with wet hair for too

long. They told us, "My carer always ensures that I have a towel wrapped round my head whilst we dry and then dress me. They then help me dry my hair and make sure that it is tidy before leaving to go to the next client."

Another person said, "My carer was with me when my occupational therapist (OT) visited. The OT wanted to rearrange the furniture in my lounge to make it easier for me to get about. My carer was just about to finish for the day as I was their last client, but very kindly offered to stay on in their own time to help move the furniture. They didn't have to but I did appreciate that he had thought about me and wanted to help."

Staff knowledge about respecting people's rights, dignity and treating them with respect were tested at the interview stage and training provided if required. People said this was reflected in the caring, compassionate and respectful support staff provided.

People were aware there was an advocacy service available through the local authority if they needed it.

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

Is the service responsive?

Our findings

People with spoke with had no issues around privacy or dignity. One person told us, "I have to spend most of the day in bed because of a pressure sore that I have at present. When my carer helps me back into bed they always make sure that I am well covered up before they leave me."

They said that they were asked for their views by the agency. Staff enabled them to decide things for themselves, listened to them and action was taken if required. One person said, "They listen to what I have to say." They also felt fairly treated and any ethnicity or diversity needs were acknowledged and met.

One person told us that they needed to find a telephone number for a local health service that they needed to access. When they asked their care worker, the care worker said they would go away and find the number for them. The next day, when the carer arrived they had the number which they then helped the person access. A relative told us that they occasionally needed to phone the agency at the last minute to rearrange a more suitable time for the person's care because family arrangements had changed suddenly. Over the last few months they had found that the agency were better able to accommodate those changes than previously.

Someone else said that it was really important that they went to church on a Sunday morning and that they needed to be ready by 9:30 for their lift. They told us that the agency had been very good and made sure that the carer arrived by 8:30 at the latest so that the person wasn't rushing around at the last moment.

People using the service were fully consulted and involved in the decision-making process before the agency provided

a service. Staff told us about the importance of asking the views of people using the service so that the support could be focussed on the individual's needs. The agency confirmed the tasks identified in the care plans with people to make sure they were correct and met the person's needs. People's personal information including race, religion, disability and beliefs were clearly identified. This information enabled care workers to understand people's needs, their preferences, choices and respect them. The information gave staff the means to provide the care and support needed. Staff were matched to the people they supported according to their skills and the person's needs. Where possible placement continuity was promoted so that people using the service and staff could build up relationships and develop the service provided further.

The care plans were individualised and person focused. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. The agency monitored and reviewed the care packages with people using the service and staff. This included spot checks. The monitoring information was recorded in people's files and regularly updated. Feedback was requested and there were annual satisfaction questionnaires sent to people, although one person said they had filled one in, but not heard anything back.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There were no current complaints. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns.

Is the service well-led?

Our findings

People told us that they felt comfortable with and were happy to speak to the manager and staff if they had any concerns. A relative said, "A new manager was appointed who took concerns very seriously and did something about them. Since they have joined the agency things have improved dramatically and we have not had a repeat of missed calls since."

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

Staff told us the support they received from the manager was good. They were in frequent contact with staff and this enabled them to voice their opinions and swap knowledge and information. They felt suggestions they made to improve the service were listened to and given serious consideration. A staff member told us, "excellent training." Another member of staff said "good communication between the office and the field. We also get great support from the manager and the rest of the team."

The agency operated a policy of flexibility where possible to accommodate staff needs outside the work place, such as child care arrangements. A staff member said, "I love it, a great place to work".

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

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

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