

Castlerock Recruitment Group Ltd

CRG Homecare - Nottingham

Inspection report

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Date of inspection visit:

21 September 2016

22 September 2016

Date of publication:

12 October 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?

Good ●

Summary of findings

Overall summary

We inspected this service on 21 and 22 September 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the surrounding areas of Nottingham. At the time of the inspection 74 people were being supported by the service. This was the first inspection visit since the service registered with us on 16 December 2015.

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 2008 and associated Regulations about how the service is run.

People felt safe and staff had received training to ensure they knew how to report any concerns. We saw when concerns had been raised they were dealt with in accordance with the safeguard policy. Risk to people had been assessed and guidance provided to support staff. There were sufficient staff to meet people's needs and the provider only took on work when they had the appropriate level of resources to support people's choices and needs. Any new staff had received the appropriate checks to ensure they were suitable to work with people. Were people required support with their medicines this was managed safely.

The staff had received training to support their role. New staff had a structured induction which covered all aspects of the service. People were encouraged and enabled to make choices. Where people were unable to make a decision this was supported through a best interest assessment.

When people received support with their meals, they were given choices and support to ensure they received a balanced diet. Health care professionals were contacted as required by the person following any concerns or requests.

People told us the staff provided a kind and friendly service, which they valued. Their dignity and privacy was respected when they received any care. The care plans covered all aspects of the support provided and detailed people's preferences. The service responded flexibly to any changing needs.

Staff felt supported by the manager and provider. They received regular communication and support through meetings. The provider conducted monthly audits across the service to assess the quality and to make improvements. Any complaints had been addressed in line with the provider's policy.

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 felt safe with the service and staff knew how to raise any concerns to protect people from harm. Risk assessments were in place to provide guidance to minimise any risks. There was enough staff to enable people to receive regular staff to support their needs. People's safety was supported by the thorough recruitment checks undertaken. The provider had completed recruitment checks to ensure people were suitable to work with people. Medicine administration was provided to meet individual's level of support

Is the service effective?

Good ●

The service was effective

People received care from staff that were trained and supported to carry out their job. People's consent was sought and where people lacked capacity an assessment was completed to ensure decisions were made in the person's best interest. Where people required support with their meals this was provided to enable people to have a choice and maintain a balanced diet. When required health care professional had been contacted to support people's wellbeing.

Is the service caring?

Good ●

The service was caring

Staff treated people with respect and enabled them to remain independent. Staff supported people to maintain their dignity and privacy. People received their care in accordance with their preferences.

Is the service responsive?

Good ●

The service was responsive

We saw people had been involved in the planning of their care needs to ensure their preferences were observed. The care records had been reviewed and any changes recorded. The provider had responded to any complaints in line with their policy and obtained people's feedback on the service

Is the service well-led?

Good 

The service was well led.

Staff told us they were supported by the manager and provider.

The provider had effective systems in place to monitor and improve the quality of the care people received. The manager understood the responsibilities of their registration with us.

CRG Homecare - Nottingham

Detailed findings

Background to this inspection

We carried out this inspection visit 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 visit took place on 21 and 22 September 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider completed 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 improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We visited four people in their homes and made telephone calls to a further four people. We spoke with five care staff, the care coordinator and the registered manager. We looked at care records for six people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "I feel safe knowing the staff are there." Another person said, "They always make sure everywhere is locked up." Some people had a key safe to enable staff to enter the property. One person said, "I have it just in case anything happens, it makes me feel safer knowing staff can get in." Another person added, "It gives me security and saves me getting up and down to let people in."

Other people had a pendent alarm which they told us provided them with additional safety in the event of an emergency such as a fall. One person said, "It gives me peace of mind, I caught it by accident the other day they were very quick to respond."

Staff had received training in safeguarding and understood the importance of recognising a concern and how to report it. One staff member told us, "It's everyone's responsibility to report; we have a 'golden number' which is direct to the safeguard team." The manager told us they had introduced a new tacker system where any safeguards are shared with the company quality assurance team who then support the manager to address the concern and reflect on any learning. We saw any safeguards had been raised to the appropriate authority and investigated. For example a staff member had raised some concerns relating to one person's financial situation, this was referred and the person has been supported to resolve the situation. This then provided the manager with a practical example to share with the staff team.

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. For example one risk assessment recorded a person used a trolley and sticks to support them to mobilise and where they should be placed to ensure the best access for the person. Where people used equipment to transfer a specific risk assessment identified the equipment to be used and guidance for the staff.

The care coordinator told us they had a system to protect people's information when sharing access details. This involved sending a separate communication sheet to the rota, to avoid the links to the persons address being visible on the same notification. Staff told us that they received regular updates about people's information, care needs and when changes had occurred.

People told us the carers came at the time they had agreed and that they had enough time to provide the care they needed. One person said, "They give me all the attention I need." Another person said, "I like the regular staff, they get to know you and you them, nice." We saw that the provider has a system to only consider additional work in either the geographical areas they cover or when they had suitable levels of staff to fulfil the needs being requested. The care coordinator told us, "We won't pick work up if we haven't got the capacity to take on the work." Additional staff had been recruited to support work in areas where the work was required. One staff member told us, "We have a lot of more staff now, we have enough."

A representative from the commissioning team told us, "They will never take work on when they feel they

will struggle to maintain the package. They are always very good at identifying and alerting us when reviews are required in relation to increases or decreases." This demonstrated that the provider ensured the correct staffing level were maintained to meet people's needs.

The provider had an on call system for people and staff to ring in the event of an emergency out of office hours. We saw the on call number was displayed in large print in the front of all the care folders; however people we spoke with said they had not had a reason to call the number because they always received their calls. The on call system was managed by field care supervisors and management. Their role was to provide support and guidance and if required to cover a staff member if they were unable to attend to a call.

Risks to people were minimised because the provider had a recruitment tracker to ensure all checks had been completed to confirm the person was suitable to work with people. This included a police check and references. One staff member told us, "I had to give two references; one was my current employer, the police check and loads of information before I started."

People were supported to take their medicines and have creams applied. People we visited showed us that they had their medicines delivered to them in blister packs and some people required the medicines to be locked for safety. In these instances we saw an appropriate risk assessments were in place to record the storage of the key to the locked box and how to record when the medicines had been administered. Where people required support with the application of cream we saw a body map identified the areas for the cream to be applied. Staff told us they had undertaken medicine training and their competence had been checked to ensure they supported people safely.

Is the service effective?

Our findings

People told us they felt the staff had received training to support them. One person who required specific medical support told us, "New staff are provided with guidance on what to do and I feel confident with the care they provide."

People received care from staff that were trained and supported to carry out their job. One staff member told us, "Basic training is provided to everyone even office staff." Another staff member said, "The training is really good it covered everything and explained things." We saw the provider had a structured induction for new employees which involved training, shadowing experienced staff and observations by senior staff to check their progress. One new staff member told us, "The training was really good, I experienced the right way and the wrong way in a hoist, you could feel the difference, I won't forget that." They told us they benefited from the shadow experience, they said, "I learnt a lot, good to know the little things." This demonstrated that the provider ensured staff had the training to support their role.

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.

We checked whether the provider was working within the principles of the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. One staff member said, "Some people can make decisions in some areas, for other areas they may need support." People had signed a consent form for the care they received and staff obtained consent from the person before providing the support they were scheduled to provide. One person said, "Staff always ask my consent before doing things, I am quite happy." We saw that capacity assessments had been completed to consider some areas of care provided. For example when a person required support with their medicines. The decision for the staff to support the administration of the medicines had been made in the person's best interest following a meeting and guidance from the relevant people.

Some people required support with their meal preparation. People who received support with mealtime visits told us staff offered them choices and encouraged them to eat and drink enough to maintain good health. One person told us, "I choose my meals and the staff remind me what is in the fridge or what's available. They also make sure they leave water in the kettle at night ready for me in the morning so I can make myself a drink." We observed friendly conversation between the staff and the person, encouraging them to eat more as the person had recently lost some weight. The person said, "She has my number, in a nice way." Some people had food charts which had been completed to check they were maintaining a balanced diet.

People retained responsibility for managing their health care, but staff told us they had provided support when requested by people. The care coordinator told us, "The support we offer depends on the person. If we

feel the person needs support we will advise them and we have a contact list if they wish us to call on their behalf." This meant people were supported with their health needs and wellbeing if required.

Is the service caring?

Our findings

People told us they had positive relationships with the staff. One person told us, "It's nice to have people come in as I don't get out. We have a bit of fun together." Another person told us "I look forward to the carers coming." Everyone we spoke with told us they were involved in discussing their care needs with staff. The information in the care records provided detailed guidance as to how the person wished to receive their care.

The staff stayed with people for the allocated time and people told us they appreciated that. One person said, "They always sit and have a chat, when they have done everything." Another person said, "I am very happy the staff are very obliging, if I want anything doing I only have to ask." Staff we spoke with were able to provide details of people's choices. One staff member said, "It's the simple things like, were do you want to get dressed, that make all the difference."

People told us they were able to maintain their independence. One person said, "When I am in the bathroom, they leave me to do my own personal care, but if I need them I only have to ask." They added, "Staff help to keep my independence as much as possible." Another person told us, "They let me try, then if they see I am struggling they ask if they can help."

There was an understanding by staff about the importance of maintaining people's privacy and dignity. One person said, "Staff are very considerate." And another person said, "They always close the blinds and keep me covered up and warm whilst helping me." This was confirmed by the staff we spoke with, one staff member said, "It's important to close the curtain and use a towel for privacy. It's also about not talking in front of them." This demonstrated that people were supported to make choices and have their privacy and dignity respected.

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person said, "The staff are brilliant, no problem whatsoever. They always ask if I need anything and always stay their fulltime."

The care plans had been discussed with the person and a guide was provided to the tasks identified by them during their assessment. Each person had a folder within their home which contained these details, at the front of the folders we looked at there was a summary of the person's needs which covered the person's likes and preferences. The care coordinator told us, "It's about asking people what they want. We get a plan from the local authority but it's about individual choice." Staff told us they found the care plans to be really useful when they first visited the person. One staff member said, "I love the people, sometimes you're the only person they see. It's important you get to know them."

People's care was reviewed on a regular basis to ensure their changing needs were identified. We saw that reviews had been completed and any changes had been made so that the information was clear to the staff visiting. People told us the service responded to their changing needs. One person said, "I have to attend hospital often so they alter my calls so I can have an early one."

All the people we spoke with told us they received a copy of their care rota each week which detailed the staff who would be providing their care. One person said, "There is nothing worse than waiting, but that is not a problem as they let you know." Another person said, "If someone is sick they let me know the changes and the staff sign my visit sheet with their initials when they have been."

Staff told us the manager responded to any concerns they had about the calls they were attending. For example one staff member told us one of the 'runs' was too long, they had raised this with the care coordinator and they were addressing this to make it more manageable. Another staff member told us they had identified that for one person the call time was not long enough to meet their needs. The office had spoken to the commissioning authority and increased that person's call time.

The service aimed to be flexible to enable people to follow their interests and beliefs. For example one person due to their religious belief had specific times when they prayed. The care plan clearly stated staff were not to attend during this period and all the calls were planned around these specified requirements.

We saw that all complaints had been investigated and any resolution had been communicated to the people involved. One person told us, "I would be happy to complain if needed and feel confident they would respond." Another person said, "They always ask the question, is everything alright." We saw in the person's care folder there was a copy of the complaints procedure and a range of options people could choose to make their complaints which included the local authority and us. This showed the provider gave people the opportunity to raise any concerns and any raised had been addressed.

In addition to regular reviews the provider had sent out questionnaires on an annual basis to obtain people's views on the service. The survey for 2016 was very positive; the provider had produced an action plan to address any issues in making improvements. For example improved communication; this was being

increased through regular staff meetings. We saw these had been implemented and staff had attended.

Is the service well-led?

Our findings

People told us that communication from the office staff was good and they felt able to contact them if they needed anything. One person said, "The manager is brilliant really nice."

Staff told us they felt valued and supported by the manager. One staff member told us, "The manager is a lovely person, not just a boss but a leader." Another staff member said, "I get a lot of support, always there and you can contact anytime." Staff told us and we saw that supervision and annual appraisals had been completed. A staff member told us, "It covers all aspects of my work." Staff told us they felt able to raise any concerns under the whistle blowing policy. One staff member said, "I would report any concerns and feel confident that action would be taken." The whistle blowing policy protects staff if they have information of concern.

The manager told us they felt supported by the provider. They received regular supervision and support from the quality assurance team. The provider had recently completed a quality audit on the service and actions from this were used to support the manager to make improvements.

Staff received regular staff meetings and these covered things relating the company and local things which affect the staff. For example there were changes to the staffing payment system implemented by the local authority; we saw this had been communicated to the staff. The manager had implemented daily checks to confirm staff followed these changes and ensure they received the correct payment for the hours of work they had completed.

We saw that any changes were communicated. The staff who managed the on call system, completed a handover sheet. Any changes were recorded and the manager audited these to ensure all the changes had been recorded and actioned. The provider sent all staff a monthly newsletter which covered the company information and things to celebrate at the different locations. For example this service had a care worker who had been recognised as carer of the month. The worker had received a certificate and a voucher. This demonstrated that the provider understood the importance of valuing their staff.

The provider had suitable systems in place to assess and monitor the quality of the service. The manager reported on all aspects of the service on a monthly basis to the provider. These included aspects of the service to make improvements or changes. For example the service was planning a move to more suitable offices and the current progress was documented.

The manager had a range of audits which they completed to check the quality of the service which they used to make improvements. For example in a recent audit on medicines a staff member had made some errors. We saw this member of staff had received support to understand their mistakes and had been provided with additional training. This demonstrated the provider's systems were used effectively to make improvements.

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.

