

Health Care Resourcing Group Limited

CRG Homecare - Bolton

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 ●

Summary of findings

Overall summary

The inspection took place on 25 July 2018 and was announced. This service is a domiciliary care agency and provides personal care to people living in their own houses in the community. It provides a service to people living with dementia, older people with physical disabilities and younger disabled adults. At the time of the inspection there were approximately 200 people using the service. The office is situated on Chorley New Road in Bolton. The service provides care in Bolton, Bury and Stockport.

There was a registered manager in place. 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 felt safe with the people who supported them. Staff files showed the recruitment system was robust and people employed had been checked with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. Staff rotas showed there were enough staff to meet the needs of the people who currently used the service.

Systems were in place to monitor that staff had arrived at a person's home. This helped to ensure visits were not missed. There were appropriate individual risk assessments within the care plans.

The service had a relevant and up to date safeguarding policy and procedure and all staff had received training in safeguarding. The medicines systems were safe and staff had undertaken appropriate training in medicines administration.

Records showed a thorough induction programme for new staff. New staff shadowed an experienced member of staff until they felt confident in their role.

Further training was on-going and staff were required to complete regular refresher courses for essential subjects.

We saw that staff were taught to deliver non-discriminatory and cultural awareness to ensure that people's cultural and religious beliefs were respected.

Care plans we reviewed included relevant information about people's health and well-being. People's nutritional and hydration needs were clearly documented, along with any allergies and special dietary needs.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

People who used the service told us the staff were kind and caring. Staff we spoke with were positive about

their jobs and were complimentary about how the service was managed.

We saw from care plans we looked at that independence was promoted and people told us their dignity and privacy were respected.

There was a service user guide which included relevant information about the service.

Care files we looked at were person-centred and people's choices for their care and support were respected.

Risk assessments and care plans were reviewed on a regular basis. Any changes were clearly documented within the care files. Activities, such as accompanying people to go out in to the community were facilitated by the service if possible.

Feedback was sought from people who used the service. Home visits from the registered manager and quality assurance surveys were completed.

There was an up to date complaints policy and procedure and complaints were dealt with appropriately.

Regular staff supervisions and appraisals were carried out and there were staff meetings held on a regular basis. We saw records of regular observations of staff competence which were undertaken by the management.

There were a number of audits carried out on a regular basis. All were followed up with appropriate actions where required.

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 who used the service felt safe with the staff who supported them.

The recruitment system was robust and there were enough staff to meet the needs of the people who currently used the service.

Systems which helped ensure visits were not missed were in place. There were appropriate individual risk assessments within the care plans

There was a relevant safeguarding policy and procedure and all staff had had training in safeguarding.

Is the service effective?

Good ●

The service was effective.

There was a detailed induction training programme in place to help ensure the staff understood what was expected of them and what needed to be done to ensure the safety of people.

Staff received the essential training and support necessary to enable them to do their job effectively and support people safely.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively of the kind and caring attitude of the staff.

Independence was promoted and people told us their dignity and privacy were respected.

Staff were taught to deliver non-discriminatory and cultural

awareness to ensure that people's cultural and religious beliefs were respected.

Is the service responsive?

The service was responsive.

Care files were person-centred and people's choices for their care and support were respected.

Risk assessments and care plans were reviewed on a regular basis. Regular feedback was sought from people who used the service and through quality assurance surveys.

There was an up to date complaints policy and procedure and complaints were dealt with appropriately.

Good ●

Is the service well-led?

The service was well-led.

The service had manager who was registered with the Care Quality Commission.

Effective systems for monitoring the quality of the service were in place.

The service had up to date policies and procedures in place to guide staff on their conduct and their practice.

Good ●

CRG Homecare - Bolton

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.

The inspection took place on 25 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager would be available to facilitate the inspection. This was the first rated inspection at this office.

We visited the office location on 25 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We also spoke with people who used the service over the next two days to obtain their views and feedback on the service provided.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We received a provider return information form (PIR). This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton and Bury local authority commissioning team and the local safeguarding team to find out their experience of the service. This was to gain their views on the care delivered by the service. We also received feedback from two healthcare professionals. Their comments are documented in the Well-led section of this report.

During the inspection we spoke with the registered manager, the Regional Manager, and seven carers and the area coordinators.

We spoke with two relatives and 10 people who used the service to gather their views. We spent time at the office and looked at six care files, six staff personnel files, training records, staff supervision records, service

user satisfaction surveys, meeting minutes and audits.

Is the service safe?

Our findings

During our telephone calls to people who used the service we asked them if they felt safe. Comments made included; "Most definitely. My carers are lovely". "They [staff] always turn up, they never miss a visit and if they are running late they ring and let me know".

We saw the results from the Bolton Client Consultation survey completed in July 2018. Regarding people feeling safe, 100% of people asked stated that the care workers always wear the correct uniform/equipment and displayed their ID badges. This helped to reassure people to know who was coming into their homes and that they were employed by the company.

We saw that policies and procedures for safeguarding people from harm were in place. They provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that all staff had received training in the protection of vulnerable adults and children. The registered manager had stated in the PIR that safeguarding training was undertaken during the staff induction course. Staff spoken with confirmed this information was correct. We also saw that safeguarding refresher training was undertaken for all staff as required. All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice).

We found the staff recruitment system was safe and robust. We looked at six staff files to check if appropriate checks had been made when recruiting new staff. Records contained proof of identity, an application form that documented a full employment history, a job description and references. Checks has also been carried out with the Disclosure and Barring Service (DBS) before the member of staff began working for the service. The DBS identifies any people who are barred from working with children and vulnerable adults and informs the service provider of any convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staff being employed at the service.

Risk assessments were in place in relation to assessing whether people had problems with certain aspects of their health, such as needing support with moving and handling and handling or needing assistance with the administration of their medicines.

We saw that assessments were also undertaken around the risks associated with general safety issues within people's home, such as fire safety, risk of falls and pets.

The service had a detailed medicine management policy and procedure in place that gave guidance to staff about the storage, administration and disposal of medicines. Records showed that staff received training and competency assessments before they were permitted to administer medicines.

We saw that medication records returned to the office had been filled in correctly. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected.

People spoken with told us that they were assisted by staff to take their medicines and others confirmed

they dealt with their own medicines. People also confirmed that staff recorded when they had given medicines on the medication administration records (MARs) kept in the persons home.

Information on the PIR stated that the registered manager completed monthly medication audits to identify themes such as errors, missed medication. The registered manager completed monthly communication log audits in conjunction with the medication audits to ensure that the service was being delivered in a person-centred way and was keeping people safe. We saw evidence of these completed audits.

We saw that any accidents and incidents that occurred were recorded and monitored. Monitoring accidents and incidents can assist management to recognise any trends and patterns and take appropriate action; helping to ensure people are kept safe.

We were shown the infection control policy that was in place. It provided instructions for staff on processes such as hand hygiene, personal protective clothing, waste disposal and the management of outbreaks of infections. Staff spoken with confirmed they had undertaken infection control and food hygiene training.

Staff spoken with told us they always had access to protective equipment such as disposable gloves and aprons when delivering personal care to people. Staff also told us they were provided with antiseptic hand gels and disposable shoe covers. Wearing protective equipment helps protect staff and people who use the service from the risk of cross infection during the delivery of care.

Information on the PIR from questionnaires sent to people who used the service showed 100% of people said they felt safe from abuse or harm from staff. We saw that 79% of people also confirmed that staff completed all the tasks they should do during their visit.

Is the service effective?

Our findings

The people we spoke with told us they felt the staff has the right attitude, skills and experience to meet their needs. Comments included; "I look forward to them coming. I can't fault them". Another said, "The girls that come to me are well trained and do their job properly. There's one girl, [name given] is so good, an absolute love". One person told us they were not happy with the number of different carers that visited. They commented on late calls and that these had a 'knock on' effect on the times of other visits. Another person told, "They [staff] are marvellous, I have no complaints at all".

Information on the PIR from questionnaires sent to people who used the service showed 99% of people said they knew who to contact at the agency if they needed to. We saw that 63% of people also confirmed that they would recommend this service to others. When asked if they thought the staff had the skills and knowledge to give the care and support needed 83% responded they had.

Records showed a thorough induction programme for new staff. This included essential training, orientation to the service, shadowing with a more experienced member of staff. All staff were required to complete the Care Certificate. The Care Certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. The probation period could be extended if needed to ensure new staff were fully competent to begin to work alone. Staff were also given a handbook which contained guidance about their roles and responsibilities.

Further training was on-going and staff were required to complete regular refresher courses for essential subjects, such as moving and handling, safeguarding and medicines administration. Staff we spoke with said they could request any supplementary training and they felt this would be facilitated. Staff spoken with said that they completed both eLearning and classroom based training which was relevant to their role.

We saw records of regular staff supervision sessions and staff we spoke with confirmed these took place. Supervisions offer the opportunity for staff to discuss work issues on a one to one basis. We saw that issues discussed included workload, concerns and team issues, training and development. Actions were recorded where relevant. Each staff member also had an annual appraisal where they could reflect on the previous year's achievements and look at any development and training needs for the coming year.

Care plans we reviewed included relevant information about people's health and well-being. Agreed tasks were documented and people who used the service had signed their agreement to the care plan, when they were able to do so. The service ensured information was accessible to as many people as possible. Literature about the service could be produced in large print, easy read and various languages and Braille to accommodate people who used the service.

People's nutritional and hydration needs were clearly documented, along with any allergies and special dietary needs. We saw that the service worked with other agencies, such as dieticians, and completed food and fluid intake charts where these were required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Is the service caring?

Our findings

We received positive feedback from people about the kind and caring attitude of the staff. Comments people made included; "I can't fault them. I look forward to them coming". Another said, "They [staff] are kind, caring and very respectful". One relative, told us "They never let you down. If they are running late they ring and let you know". Another relative said, "I couldn't manage without them. They are good support for me".

Information on the PIR from questionnaires sent to people who used the service showed 100% of people said the staff were kind and caring. We saw that 95% of people also confirmed that the staff help people to be as independent as possible.

Staff told us that the importance of ensuring the privacy and dignity of people was covered in their induction and in their ongoing training. We saw that the induction training booklet re-iterated the importance of ensuring people's privacy, choice, equality, rights and independence were respected.

We were made aware that the service supported some people from a minority ethnic background. The induction booklet included the importance of understanding equality and inclusion. Staff were taught to deliver non-discriminatory practice and cultural awareness. This was to ensure that people's cultural and religious beliefs were respected.

We were provided with a copy of the Service User Guide that was given out to people who used the service. The Service User Guide is a document that contains lots of information about the agency. It clearly defined the principles of the agency which included; To focus on service users, to provide quality care and to maintain a quality workforce. It is given out to people so that they can keep it at home and refer to it as and when they need to.

The agency provided people who used the service and staff with an email address to that if this was their preferred method of communication they could contact management in that way. People told us they felt communication with the registered manager and staff in the office was good.

The registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. They were able to assist people in many ways such as; acting on their behalf at meetings or accessing information for them.

We saw that confidentiality was respected by staff. Records in the office were securely stored and care staff were given training and support around confidentiality.

Is the service responsive?

Our findings

People told us that the staff responded well to their needs. Comments made included, "They [staff] are great, they make sure I have something to eat and drink". Another said, "They [staff] very good they are always cheerful, nothing is too much trouble". One person commented they sometimes they get different carers and that they would prefer the same one. However, they understood that this was not always possible due to holidays and sick leave.

We were told by the registered manager that once people had been assessed by the professionals funding their care and the service had agreed to provide the care required, the registered manager or a senior member of staff from the agency undertook their own assessment. This was to ensure the person's individual needs could be met by the agency staff and to assess if the person who was to use the service and the attending staff would be at risk of harm or hazards.

The registered manager and the regional manager showed us a scheme they had put in place for when new people were assessed as needing care. On numerous occasion they found that people had been discharged from hospital back home without basic supplies in place. The agency provided a 'Home from hospital' box which contained essential supplies such as tea bags, coffee and toiletries.

We looked at six care records and saw that in addition to the initial assessment they contained sufficient information to show how people were to be supported and cared for. It was clear from the information contained within the care records that people and their relatives, where appropriate had been involved in the planning of their care and support. We saw that regular telephone monitoring reviews had been completed to monitor the quality of the care provided.

People we spoke with told us that they had a care record which was kept at their home. People confirmed that staff wrote in their care record following each visit. We saw evidence of the completed monitoring logs which were returned to the office monthly.

The registered manager told us that where people who used the service had identified specialist care needs they worked alongside other professionals such as district nurses, infection control, the local authority safeguarding teams, the falls clinic and the Speech and Language Therapy (SALT) team. This was to ensure a person's care needs could be met.

We asked the registered manager to tell us how staff would care for people who were ill and at the end of their life. We were told that, if possible, the person would be supported to remain in their own home with the support from the appropriate health care teams. The registered manager told us that staff would receive all the necessary training and support to care for people who were at the end of their life.

We were told there was always members of staff on call outside office hours to provide advice and support to both staff and people who used the service. Staff we spoke with confirmed that they able to contact the on call if needed. We were provided with copies of the On-Call reports with actions from events relating to

calls received. These were overseen by the registered manager.

We asked people if they knew how to make a complaint. People told us, "I have nothing to complain about. Everything is fine". Another person told us, "I would ring the office and speak to the staff there. I am sure they would sort any worries out".

Information about how to make a complaint was detailed in the Service User Guide. The procedure explained to people how to complain, who to complain to and the time it would take for a response. The records we looked at showed that complaints were appropriately recorded and responded to.

Information on the PIR from questionnaires sent to people who used the service showed 67% of people knew how to make a complaint should the need arise. We saw that 55% of people said they thought that staff responded well to any concerns they raised.

We saw a number of compliments that had been sent to the agency by people who used the service and their relatives. Comments included; "The care has been great and everyone was very kind". Another said, "I just wanted to say a huge thank you. You and all of your team have been great in making a difficult time bearable. The work you all do we will never forget". A third person said, "Just to say how very pleased we have been with the service and provision of care that your organisation have provided to us. [Name] never expected the level of courtesy, professionalism and dedication from a privately-owned care company that has been received from all your staff. We would recommend your staff to anyone in need of home care".

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had undertaken several accredited training courses including; Level 5 in Leadership, Prevent for leaders and managers and Train the Trainer for Medication and Moving and Handling. This meant the registered manager was involved in the training of staff.

The registered manager and the regional manager were present on the day of the inspection. People who used the service were complimentary about the management of the service. Comments made included, "Well run and management approachable". Another said, "The manager has been out to see me, she seems very nice".

We spoke with staff who said they felt the management were supportive and approachable. One member of staff said, "The manager actually listens to what we have to say. I feel valued as a member of staff". Another said, "I have worked for another company but this company is amazing, what a difference. I am happy coming to work, it's well organised and we work as a team. A third member of staff said, "I enjoy my job very much, I had a good induction and lots of training. The manager is great".

Before the inspection we contacted the local authority commissioning teams to seek their views and opinions on how they felt the service operated. Comments included; "I have no concerns regarding CRG and receive very little complaints". Another person commented, "Following a visit to one of the offices and checking records including staff files and care files we found the visit to be positive. The assessment and care plan documentation that has been developed is comprehensive and the consent and mental capacity recording is particularly well thought out. The council receive few complaints or concerns around the quality of service".

We were told that staff meetings were held regularly. We were provided with minutes of the meetings. The registered manager told us that if people could not attend the meeting that the minutes would be emailed out to them so they were aware of what had been discussed.

We saw that the service had policies and procedures in place to support staff to carry out their role effectively.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received safe, effective care and support. We were told that regular checks were undertaken on all aspects of the operation of the business. This included such things care records, medication audits, accidents and incidents.

We saw evidence that 'spot checks' of care staff were undertaken to observe their care and practice whilst

providing support in people's home. This was to help ensure that people were receiving the right level of care.

There were systems in place for audits and checks from senior management.

We asked the registered manager how they sought feedback from people who used the service and their families. We saw that feedback surveys had been sent out for people to comment on the service. The results from the Bolton branch Client Consultation in July 2018 were positive.

We were provided with information called the 'Listening Lunch'. This was a national event where staff could meet with the senior management team. The management team wanted to share and listen to ideas for staff to develop and make improvements. The agenda included; employee of the month, the National Care Day and the Corporate Survey results which 545 members of staff took part in. Themes from the results showed that 95% of staff enjoyed their roles and responsibilities, 61% don't feel they get the recognition for the work they do and 79% of staff felt prepared for their role.

Information on the PIR from questionnaires sent to people who used the service showed 63% of people said the agency had asked them what they thought about the service.

We checked our records before the inspection and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.