

Health Care Resourcing Group Limited

CRG Homecare Southend on Sea

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 the 21 and 22 August 2018 and was unannounced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. At the time of our inspection 34 people were receiving support. It provides a service predominately for people with Learning disabilities or autistic spectrum disorder, however they are registered to support people who may have mental health issues, older adults, sensory impairment and dementia. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This was the first inspection at the service since they were taken over by this provider.

The service had a registered manager. 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 service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were provided with the appropriate care and support at the end of their life.

The service was well-led. The registered manager had suitable systems in place to assess and monitor the

quality of the service provided.

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 staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were protected from the risk of infection. The service took action to learn from accidents and incidents.

People were supported with their medication when required.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended training courses to support them to deliver care and fulfil their role.

People's rights were protected and they were supported to make choices.

People were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

There were processes in place to support people at the end of their life.

Good ●

Is the service well-led?

The service was well led.

Staff felt valued and were provided with support and guidance to perform their role.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good ●

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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 inspection took place on the 21 and 22 August 2018 and was announced. The service was given 48 hours' notice to ensure there would be someone present in the office. The inspection was carried out by one inspector.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. In addition, we reviewed the 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.

During our inspection we spoke with seven people, one relative, the registered manager, deputy manager and three care staff. We reviewed five care files, three staff recruitment files and their training records, audits and policies held at the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, "They [staff] are marvellous." A relative told us, "We are very happy with the service."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. The registered manager told us that staff were confident to raise safeguarding concerns and understood how the whole process worked. One member of staff said, "I have been involved in safeguarding investigations and if I had any concerns I would talk to the manager." Another member of staff said, "Safeguarding affects everyone, our service users, staff and members of the public. If we raise concerns these are investigated and social services may come out and want to talk to people involved to make sure they are safe." We saw that the service had a whistle blowing procedure for staff to follow and staff were reminded of how to follow these during staff meetings. We saw where safeguarding's had been raised the registered manager had investigated these and where appropriate worked with the local authority to ensure people were safe.

There were arrangements in place to help protect people from the risk of financial abuse. Staff supported people with budgeting their finances, all receipts were kept and these were regularly audited to ensure there were not any irregularities. Where appropriate people had their money managed by Essex Guardians, this is an independent service that safeguard people who are unable to manage their own money. One member of staff said, "We need to support some people when out in the community because they can be vulnerable from people for example trying to overcharge them or take advantage of them."

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working with people. The risk assessments were individualised to meet people's needs and were aimed at supporting people with their independence so that they lived full active lives. Assessments identified how people could be supported to maintain their independence with activities of daily living. The assessments covered such things as assisting people with personal care, supporting people at meal times, road safety, managing money and environmental risks. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. One person told us, "I am not able to use the cooker on my own so the staff help me with cooking." Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks.

During the initial assessment of people's needs an environmental risk assessment was also completed. This was to ensure people's environment and the equipment they used was safe and fit for purpose. Where issues were identified staff helped people to arrange for these to be addressed and contacted people's landlords on their behalf if necessary. Staff knew what to do if there was an emergency or if people became unwell in their home. Staff were trained in first aid and knew if somebody was physically unwell to call their GP, 111, or for an ambulance. There was also a policy in place for frustrated visits for example if people were absent when staff arrived to support them. One member of staff said, "We would ring the office and they would try and track the person for example by ringing their relatives to see if they may have gone out with them and forgotten to notify us. If we were unable to trace them we would inform the police for a welfare

check."

People were protected from the risk of infection. Staff were provided with personal protection equipment such as gloves, aprons and shoe covers. All staff received training on infection control to minimise the risk of spreading infection to people. The registered manager had effective systems in place to monitor accidents and incidents and to learn lessons when things go wrong to prevent them from happening again. Information was shared with staff at meetings.

People received care from a consistent staff team. The registered manager told us that they had a good staff base and did not need to use agency staff. This meant people received care from consistent staff members who knew them well. People we spoke with confirmed that they knew their care workers and had a core of people who supported them. One person said, "I have [staff name] come every Monday, they stay for about half an hour and help me change my bed and put the washing on." The registered manager had a system in place where staff scanned in and out of people's homes. This meant that they could monitor people were receiving their visits on time and for the correct length of time.

The registered manager employed staff following the correct recruitment procedures. This included processing applications and conducting employment interviews. Relevant checks were carried out including obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Medicines were managed and administered safely. There was a mixture of levels of support required by people. Some people administered their own medication whilst others needed staff to administer their medication or needed prompting from staff. All staff had received training in medication administration and this was regularly updated. Records were monitored and audited to ensure people had their medication as prescribed and when required. One person told us, "Staff help me with my medication."

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain knowledge and skills to provide good care. Since the takeover by the new provider the registered manager told us that training had been reviewed. All staff old and new have now completed the Care Certificate, this is an industry recognised training certificate to equip staff with the skills and knowledge they need to perform their role.

The registered manager told us that all training was completed face to face with trainers. There was also a new staff handbook being developed for staff to use containing useful information and guidance for staff to follow. New staff, once they have completed their initial induction and training then had a period of time to shadow other staff. Field co-ordinators carry out observations on staff practice to identify if further training or support is required. Staff told us that they were supported to complete nationally recognised qualification which could help them with their career progression. One member of staff said, "There is a lot of training and external training, I am doing a distant learning course on team leading and an NVQ level 3 at the moment."

Staff were supported at the service. The registered manager had regular meetings with staff, all staff also had supervision sessions to discuss their performance and any training needs. Field co-ordinators worked alongside staff and completed spot checks to see how staff were performing. Meetings and spot checks were an opportunity for staff to discuss any issues or support they may need and to have updates on the organisation. All staff were supplied with a smart phone so that they could receive emails and stay in contact with the main office.

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 or are helped to do so when required. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. People who normally live in their own homes and within supported living settings can only be deprived of their liberty through a Court of Protection order.

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Nobody within the supported living environment had a DoLS in place although some people did have lasting powers of attorney or guardianship orders in place. We saw assessments of people's capacity in care records had been made and where necessary advocates had been used to help with decisions. This told us people's rights were being safeguarded.

People were supported to maintain their dietary needs. Staff supported people with their shopping if required and encouraged them to make healthy food choices. People told us that staff supported and helped them to make meals. One person said, "The staff encourage me to cook meals, if it is a new recipe

they help me. My cooking has improved since I have been here." Staff told us that they tried to help people make healthy choices and some people were attending slimming groups to aid weight loss which they attended with them. We saw from records if staff had concerns around people's eating they made referrals to the appropriate health care professionals. If people were at risk of choking we saw assessments had been completed and care plans put in place to support people.

People were supported to access suitable healthcare provision. Staff told us that they assisted people to attend dentist and doctor's appointments and helped them to make any follow up appointments. We saw from care records that people had health passports in place. People we spoke with confirmed that staff attended appointments with them if they wished.

Is the service caring?

Our findings

People told us that they felt supported by staff and had positive relationships with them. One person told us, "All the staff are good, I have no concerns." Another person said, "They [staff] look after me very well."

Staff had positive relationships with people. People were supported by regular carer workers who knew them well and their preferences for care. One person said, "The staff are kind to me." Staff were flexible with their hours to meet the needs of people for example for trips out and other events. One person said, "I can change my support hours if I am not going to be here or if I am going away, I just need to give them some notice." Staff we spoke with knew people well and how they liked to be supported. One member of staff said, "I enjoy working with people and going out with them socially. I have grown very attached and people feel like my family." Care plans were detailed and contained information about people's past, their likes and dislikes and what was important to them. All this information helped staff get to know people and give them the support that they wanted.

People were actively involved in decisions about their care and treatment and their views were considered. Field co-ordinators met with people to discuss their care needs and support hours, following the meeting we saw that care plans were devised which people agreed to and signed. One person told us, "[staff name] goes through my care plan with me and we agree everything that I want." We saw that people's families and advocates were also involved to ensure people's choices were listened to and actioned.

People were treated with dignity and respect. One member of staff said, "We want people to have a good quality of life learn new skills and meet what dreams they have." We saw from care plans it was documented how to address people and how to enter people's homes, for example to knock on door and wait for person to answer. People were supported with their individual religious beliefs and cultural and diverse needs were respected. Family contact was maintained and staff helped people to keep this contact by taking them visit family members.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We saw that care plans were very detailed and tailored to each individual person's care and support needs. Some care plans used pictures to make them easier for people to understand. We saw that all care plans considered every aspect of support people may require and how this could be done in a way that promoted people's skills and aided their independence. Care plans were discussed with people and their representatives to ensure they were relevant and matched their needs. The field co-ordinators met regularly with people and healthcare teams to review care packages and adjust them if required. All care plans were regularly reviewed so that staff had the most up to date and relevant information available. We saw that care plans were agreed with people and there were signed copies available.

The service was responsive to people's changing needs. People's care needs were kept under constant review and adjusted as required. For example, if support needs increased or decreased support was adjusted to match this. Where people had issues with their living accommodation staff had supported them to make changes. Staff had supported one person to move into supported living from their own home as the person felt they needed more support. Staff also helped another person move to shared accommodation as they were feeling lonely on their own and wanted more company. Staff supported people with contacting their landlords and made arrangements to help them move home.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw from records that staff had assessed people's communication needs and had recorded how these could be supported. For example, some people communicated through pictures, sound and sign language. All this was clearly documented in people's care plans so that staff knew how to best communicate with people. This showed the service was acting within the guidelines of accessible information for people.

Staff supported people to follow their hobbies and interests. Staff and people told us how they had active social and work lives. One person said, "I have two jobs that I go to." People also told us how they attended a number of different clubs and that staff supported them to attend these. One member of staff said, "I really enjoy going out and doing different activities with people. On a Monday we go to aqua aerobics, other days we may go shopping or for lunch." Staff told us that they also supported people to go away on holiday if they wished to go, this included trips planned abroad each year. One person had recently been supported on a cruise by two staff members. Staff sometimes arranged to meet up socially with other supported living schemes so that people could socialise together on trips to the local area.

The registered manager had a complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the office or with staff. However, people told us they generally did not have any complaints. The registered manager told us that they were proactive in dealing with any issues as soon as they arose.

People were supported at the end of their life. One person had recently received palliative care before dying. The field co-ordinator told us that they had regularly reviewed the person's care to ensure that there was everything in place to make the person comfortable at the end of their life. They had also worked with the palliative care team and district nurse to make sure that the right treatment was being given. Due to support needs increasing they had negotiated more care hours to support the person. A member of staff told us, "We spoke to them about their wishes but they did not really want to engage so instead we did it as a group and then they were able to share with us what they wanted at the end of their life so we were able to respect their wishes." In addition to supporting the person at the end of their life as there was no next of kin available the service has been involved in arranging the person's final goodbye with the information they had gained from them.

Is the service well-led?

Our findings

The provider had appointed a new registered manager who had been in post for six months. Staff told us that they felt supported by the registered manager and deputy manager. One member of staff said, "I feel like I have all the support I need now since the takeover, and feel on top of all my work." Another member of staff said, "We have a good team and there is always someone on the end of the phone."

Staff shared the registered managers vision and values for the service. One member of staff told us, "We want people to have a good quality of life and learn new skills." Another member of staff said, "We want people to enjoy their life, be more independent and do more for themselves."

Staff felt supported at the service. The registered manager told us that they had put systems in place to hold regular meetings with staff. They had also set up regular supervisions and spot checks with the field coordinators. We saw from minutes of meetings staff discussed a number of topics that would support them in their role. For example, the on-call system, safeguarding, policies, medication management and pay roll. In addition to the regular meetings staff maintained contact through emails, telephone calls and from regular contact with the main office to collect such items as personal protection equipment.

People's views and feedback on the service were sought in a number of ways. These included a questionnaire and telephone monitoring, we saw feedback from these surveys taken and actions implemented. There were also staff surveys completed on ways to improve the service and to see what support staff may need to perform their role. The registered manager had also held a 'listening lunch' day, this was an opportunity for staff to come in and meet with senior managers to discuss the new provider and their vision for the future. As part of staff engagement senior managers had planned to work a day with a care worker to experience their working day. This would give care workers an opportunity to share with senior managers the work they do and share ideas with them.

The registered manager had a good oversight of the service and had quality monitoring systems in place to continually review and improve the quality of the service provided to people. These included reviewing people's care records and written notes, financial records and medication records, accident and incidents and attendance of calls on time. The registered manager and deputy manager were very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.

The provider had a quality manager in post who worked with senior managers to review care provided, both the deputy manager and registered manager had been supported to spend time with the quality manager to ensure they were using the best systems to monitor and improve the service. An initiative the quality manager was promoting at the service was based on customer excellence with six standards to adhere to for customer support, including complaints, care, compassion, commitment, confidence and courage. The idea was to promote good practice and staff confidence.