

# Health Care Resourcing Group Limited

## CRG Homecare Salford

### Inspection report

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26 September 2019  
30 September 2019

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

CRG Homecare Salford is a domiciliary care service based in Salford and provides personal care and support to people in their own homes. The services are operated by Health Care Resourcing Group Limited.

People's experience of using this service:

At this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance and Staffing.

Staff did not always receive supervision and appraisal to support them in their roles. Some staff training courses had expired and were due for renewal. Spot checks and competency assessments of staff were not always carried out in a timely way.

Although people told us they were happy with the service they received, we were told communication could be better. This was because people were not always informed by staff if they were going to be late for their care visit. Travel time was not always taken into account on staff rotas which could result in staff being late to deliver people's care.

People told us they received their medicines safely, although the record keeping of when medicines were administered needed to be improved. Accidents and incidents were documented, although some of the incident forms lacked details about actions that had been taken.

Quality assurance systems needed to be improved to ensure effective oversight was maintained regarding the concerns identified at the inspection.

People said they felt safe using the service, with staff demonstrating a good understanding about how to protect people from the risk of harm. Staff were recruited safely, with appropriate checks carried out when their employment commenced.

People received the support they needed to eat and drink. People said they felt treated with dignity and respect and staff promoted their independence as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Decision specific mental capacity assessments were completed as necessary.

Complaints were handled appropriately and a range of compliments had also been made about the service provided.

Feedback about management and leadership was mixed.

The service had developed good links with the local community and worked in partnership with several organisations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 20 September 2018 and this was the first inspection we had undertaken.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales for newly registered services.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement rated services, however if any information of concern is received, we may inspect sooner.

## 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 not consistently safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not consistently well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# CRG Homecare Salford

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is somebody who has personal experience of caring for someone with needs similar to the people receiving services from CRG Homecare Salford.

#### Service and service type:

CRG Homecare Salford is a 'domiciliary care service' It provides personal care to people living in their own homes and flats.

The service had a manager registered with the CQC, however they were not present during the inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We carried out this inspection on 25,26 and 30 September 2019. At the time of the inspection there were approximately 200 people using the service.

The inspection was announced on 23 September 2019 to ensure the inspection could be facilitated that day. We also informed the service we would be returning for a second and third day to complete the inspection.

#### What we did:

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us

without delay.

We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We contacted Salford local authority for feedback about the service.

The first of day of the inspection was spent speaking with people who used the service and their relatives by telephone to ask them about the service they received. On the second day, we spent time at the main office speaking with staff and reviewing documentation related to the running of the service. The third day was also spent reviewing additional documentation and visiting people at their home address to speak with them and look at how their medication was handled.

During the inspection we spoke with the quality assurance and training lead, the quality assurance auditor, 10 care staff, 16 people who used the service and eight relatives. This was to seek their feedback about what it was like to receive care from and work for CRG Homecare Salford

Documentation reviewed included 12 care plans, 10 staff personnel files, eight medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. The rating for this key question is Requires Improvement. The service has an inconsistent approach that sometimes puts people's safety, health or wellbeing at risk. There is an increased risk that people are harmed or there is limited assurance about safety. Regulations were not met.

Staffing, recruitment and using medicines safely:

- We looked at the staffing arrangement within the service. Some of the feedback we received from people who used the service and relatives was that communication could be better, particularly when staff were running late for a care visit. People told us they would appreciate somebody from the office, or staff ringing them so they knew what was going on.
- Overall, staff told us they felt their rotas were well managed, however some staff said they did not feel travel time was always factored in between care visits which made them feel rushed.
- We looked at a sample of rotas during the inspection and saw not all care visits had sufficient travel time in between, despite the next visit being an approximate 15 minute drive away. This could mean people's call would not always be on time.
- Missed visits had occurred previously, however there were reasons for why this had happened such as care packages not being added onto the system correctly when they first commenced. These were raised as safeguarding concerns and sent to the local authority by the service.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.
- People told us they received their medicines safely, although the record keeping of when medicines were administered needed to be improved. We were able to determine however that medicines had been given from the blister pack by staff.
- As part of the inspection we visited four people at home to look how their medication was managed. At three of the houses, we found unexplained gaps on the medication administration record (MAR) where staff had not signed to say medicines had been given.
- Cream charts were also completed by staff and were up to date.
- Staff told us they received medication training and felt supported to do this safely. A policy and procedure was also in place for staff to follow as required.

Learning lessons when things go wrong:

- Accidents and incidents were recorded on individual forms by staff for events such as falls and other adverse events
- However there was no auditing or checks done of these forms to ensure they were being completed correctly and it was not always clear what actions had been taken when incidents had occurred due to the level of detail recorded. A new monitoring system had been implemented by the service to ensure better oversight in this area.

- An out of hours systems was used so people and their families could contact someone in the event of an emergency.

Assessing risk, safety monitoring and management; preventing and controlling infection;

- Each person using the service had risk assessments in place covering areas such as moving and handling, the home environment, smoking and fire safety. Where risks were identified, there were details about how they needed to be mitigated.
- People were protected from the risks of the spread of infections. The feedback we received from people was that staff always wore personal protective equipment (PPE) when supporting them with their care such as gloves and aprons.
- Staff told us PPE equipment was always available in sufficient quantities.

Systems and processes to safeguard people from the risk of abuse:

- People receiving this service and their relatives told us they felt the service was safe. One person said, "I feel safe when the carers are with me, they make me feel secure. They ask me if I am all right and if I want anything and if they can sort something out, they do. My carer is a good carer." A relative also added, "At the moment my brother is very safe and well looked after and the care he is getting is very helpful."
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.
- A log of safeguarding incidents was maintained, along with any alerts that had been made to the local authority.
- A safeguarding policy and procedure was in place and provided information about how to escalate concerns. This information was also detailed in the service user handbook which available at peoples homes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. The rating for this key question is Requires Improvement. There is a lack of consistency in the effectiveness of the care and support that people receive. Regulations were not met.

Staff support: induction, training, skills and experience:

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. This was based around the care certificate and should be completed by staff who have not worked in care previously.
- A training matrix was used which showed the different courses staff had completed. Some of these were due to renewal however for topics including fire safety, medication, moving and handling and health and safety. The training policy and procedure stated these should be renewed annually.
- We were informed an urgent request had been made for these courses completed to ensure all training was at a 100% completion rate by the end of October 2019.
- The training and development policy and procedure stated staff would receive supervision on a quarterly basis. Some staff reported these did not take place as frequently as this and records were not available to show they were held within these timescales. Staff had individual supervision booklets, however these had not been completed.
- We spoke with three members of staff during the inspection who had worked at the service for over 12 months. However they had not received their annual appraisal. These were arranged to be completed the day after our inspection was completed, however this would leave staff with little time to prepare.
- Spot checks/observations of staff and competency assessments for moving and handling/medication were undertaken, although these were not always up to date and were completed during the inspection. This related to both new and longer standing members of staff.

This meant there had been a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Staffing. This was because staff did not always receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Ensuring consent to care and treatment in line with law and guidance:

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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had an understanding about the MCA legislation. For instance, working with families in people's best interests if they lacked capacity.
- Decisions specific capacity assessments were undertaken as necessary.
- Signed consent forms were available within people's care plans where people had given their permission to receive services from CRG Homecare Salford.
- People had signed contracts where they agreed to the service being provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The care and support people needed to receive from staff had been captured as part of the initial assessment process and was recorded within care plans.
- When a package of care commenced, staff visited people at home to carry out an assessment to ensure they were able to meet their needs.
- People told us they were involved in this process and were able to contribute towards the care they received.

Supporting people to eat and drink enough to maintain a balanced diet:

- People and relatives we spoke with were complimentary about the support provided by staff to help people eat and drink.
- People said staff always offered to make them a meal, or snack for later in the day if they were not hungry at the time of the care visit. Drinks were always made for people and were accessible throughout the day.
- People had specific eating and drinking care plans in place and this provided staff with an overview of the support people needed.
- Food and fluid input charts were completed as required and were up to date.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- Appropriate referrals were made to other healthcare professionals as required.
- People who used the service told us staff had assisted them to healthcare appointments, if they were unable to attend on their own.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People who used the service spoke positively about the standard of care provided and said staff treated them well. Staff were described as being kind, caring and considerate. One person said, "I would give my carer 10/10 for her care, I can't fault her. When it is her day off, I get other carers and they are nowhere near as good. The staff are very pleasant they chat with me and we have a laugh. They treat me with dignity and respect all the time. My carer encourages me to be independent and she makes me do things myself." Another person said, "My regular carer is amazing she is brilliant. I can't fault her. She gets my shopping and does my meals."
- The relatives we spoke with also made positive comments about the care provided. One relative said, "The carers are very kind and caring. I can't speak highly enough about them and they are so friendly. When they support my son, they respect his privacy and dignity and they shut me out of the room. They encourage him to do as much as they can following his recent stroke." Another relative added, "The carers are not rude they are very nice girls that visit my Mum. Mum can look after her own personal hygiene so they don't worry about that aspect and I make sure she looks nice."

Respecting and promoting people's privacy, dignity, independence and equality and diversity:

- Both people who used the service and relatives told us staff always treated them well and were never made to feel uncomfortable or embarrassed. People said staff always assisted them with their personal care in private.
- People said they were encouraged to do things for themselves to increase their independence.
- People's equality, diversity and human rights needs were fully taken into account and detailed in their care plan. Staff were knowledgeable about people's routines and were able to describe how they ensured they were respected.

Supporting people to express their views and be involved in making decisions about their care:

- Both people using the service and their relatives said they felt involved in their care package and were invited to any meetings that took place to discuss progress.
- Questionnaires were sent, seeking people's views and opinions about the service they received.
- Reviews of people's care had also been undertaken with involvement from people using the service and families. People told us they were involved with their initial assessment and felt able to contribute to this process.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Each person who used the service had their own care plan in place. They provided information for staff about the care and support people needed. A copy was available at the office and in people's own homes.
- People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.
- During the inspection, we spent time speaking with people and asked if they felt their care plans were followed by staff. People said staff always delivered their care as required and in line with their assessed needs.
- Staff were aware of people's choices and preferences. Where care plans made reference to things people liked to do during the day, these were respected by staff to ensure people's care was person centred.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication and if they required the use of any sensory equipment.
- Documents were available in different formats if required such as large print.
- One person used British Sign Language (BSL) to communicate their views. This person received support from a member of staff who was trained in BSL.

Improving care quality in response to complaints or concerns

- A central log of complaints was maintained, along with details of the responses provided.
- People knew how to provide feedback about the care they received and information about how to make a complaint was available in the service user handbook when their care package first commenced.
- A complaints policy and procedure was also available and this explained the process people could follow if they were unhappy with the service they received.

Supporting people to follow interests, maintain relationships and take part in activities to avoid social isolation:

- People were supported to access the local community by staff as part of their care package as needed. Earlier visits were provided as required to help people get ready to take part in community activities.
- People were encouraged to maintain relationships where possible, with people's relatives involved in the

care people received.

- We observed people's relatives visiting during the inspection so they could spend time with their loved ones.

#### End of life care and support

- Due to CRG Homecare Salford being a domiciliary care service, end of life care and support was not provided directly. However, staff worked closely alongside other relevant healthcare professionals such as district nurses and palliative care teams to provide the personal care element of the support.
- Nobody was in receipt of end of life care at the time of the inspection.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. There is a lack of consistency in how well the service is managed and led. The leadership, governance and culture do not always support the delivery of high-quality, person-centred care. Regulations were not met.

Managers and staff being clear about their roles, understanding quality performance, risks, regulatory requirements, continuous learning and improving care

- We identified breaches of regulation 17 regarding Good Governance and 18 (in Effective) regarding Staffing. This means the well-led question cannot be rated higher than Requires Improvement.
- Audit systems were in place, although needed to be improved to ensure there was effective oversight of the service to ensure regulatory requirements were met.
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office.
- Events which the provider is legally required to report to us were submitted as required when any incidents had occurred within the service.

Due to the accident/incident and medication recording issues (mentioned in Safe) and governance systems requiring improvement, this meant there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding good governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although staff told us they enjoyed their roles and that staff worked well together, feedback about management and leadership was mixed. Some staff told us they felt supported and that concerns were dealt with in a timely way, however this was not consistent throughout the staff team.
- Not everybody knew who the registered manager was, although some people told us the registered manager had been out to see them at home to see how their care package was progressing.
- The staff team felt people received a high level of care which enabled good outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings took place in the service which gave an opportunity to discuss work and improve the service people received. Minutes were only available from two of these meetings however, which took place in May and September 2019.
- Newsletters were sent, informing people about what was happening within the service.

Working in partnership with others

- The service had developed a number of links within the local community. This included social services, district nursing teams, GP's and advocacy services.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Appropriate systems were not always in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Appropriate systems were not always in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Appropriate systems were not always in place to ensure staff received the necessary support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>