

CRG Homecare Limited

CRG Homecare - South Tyneside

Inspection report

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12 April 2022

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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?	Requires Improvement ●

Summary of findings

Overall summary

CRG Homecare South Tyneside is a service that provides personal care to people living in their own homes. At the time of inspection approximately 287 people were supported by the service and 203 people were receiving the regulated activity personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People felt safe with the service provided. Staff knew about safeguarding procedures. One person told us, "I am so happy with my carers, they do all their tasks cheerfully. I trust them and we have a very good relationship, plenty of laughter and chatting."

Rota management was not always well-managed to ensure people received timely and consistent care from the same staff. The provider was dealing with people's feedback where we received less positive feedback about rota management to ensure people's comments were addressed.

Electronic records provided detailed guidance to ensure people received person-centred care. However, some staff were not aware this information was all accessible electronically.

We have made a recommendation about improvements to some systems including communication and rota management to ensure more person-centred care to people.

Risks were assessed and mitigated to keep people safe. Staff recruitment was carried out safely and effectively. People were correctly supported with their medicines.

There were opportunities for staff to receive training. Most people commented, "Staff are very well trained and professional." Staff worked well with other agencies to ensure people received appropriate care and support. Staff were supported by the organisation and were aware of their responsibility to share any concerns about the care provided.

All people and relatives were complimentary about the direct care provided by support staff. One person said, "They are good lasses. We have a laugh. If I'm not feeling chipper they lift my spirits" and "The carers are brilliant, very caring."

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; the policies and systems in the service supported this practice.

There was consultation with staff and people. People and relatives were encouraged to express their views about the care and were involved in decisions making, as far as they were able. People said they knew how to complain.

Information was accessible to involve people in decision making about their lives. There were effective arrangements to ensure people were supported, if needed, with their nutrition and hydration.

The provider was monitoring the use of PPE for effectiveness and people's safety. A quality assurance system was in place to assess the standards of care in the service.

Rating at last inspection and update:

This service was registered with us on 28 September 2021 and this is the first inspection.

The last rating for the service under the previous provider was rated Requires Improvement published on 26 April 2021.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

The inspection was prompted in part due to concerns received about alleged neglect and financial abuse. A decision was made for us to inspect and examine those risks as well as formally rate the service.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring, responsive and well-led sections of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

CRG Homecare - South Tyneside

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and three Experts-by Experience. An Expert-by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It also provides personal care to people living in Extra Care Housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the beginning of our inspection there was a registered manager in post, who was working their notice. A new manager started during the inspection and was applying to become registered as manager with the Commission.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it was a large service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 March 2022 and ended on 12 April 2022. We visited the location's office on 12 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection we communicated with 38 people who used the service and 34 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 27 members of staff including the manager, regional director, quality manager, head of quality and governance, administrator, co-ordinators and 20 care workers. We reviewed a range of records. This included nine people's care records and multiple medicine records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Systems were in place to ensure any risks to people's health, safety and well-being were mitigated. Environmental risks were also assessed, with measures put in place to remove or reduce the risks.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments were regularly reviewed to reflect people's changing needs.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe and trusted staff. One relative told us, "We are very happy with the carer, they come on time and we feel safe."
- Staff were aware of the steps to follow to raise any safeguarding concerns. The staff training matrix showed staff received safeguarding adults training three yearly. The provider was advised the frequency needed to be more regular to remind staff of their safeguarding responsibilities. The provider responded immediately during the inspection and liaised with the provider's training department and the frequency was changed to annually.

Staffing and recruitment

- There were sufficient staff to support people safely.
- Systems were in place and most staff were appropriately deployed to ensure people received timely and consistent care. Most people commented they received the same carers, their calls were on time and they were informed if their call was going to be late. One relative said, "We're over the moon with the care. The girls are all very good and arrive on time. They stay the full call time and my relative feels very safe in their care. They are regular ones who know all the care needs."
- We identified one geographical area where feedback about rota management was less positive and this was to be addressed by the provider who said they would contact people.
- Staff recruitment was safely and effectively managed.

Using medicines safely

- Staff managed people's medicines safely.
- Medicines records were complete, and staff received training with regard to the safe handling of medicines. One person commented, "I take my medicines myself but staff ask if I have taken them because the odd time I forget."
- Regular checks were carried out on people's medicines.

Preventing and controlling infection

- The service had appropriate procedures in place to manage and reduce the spread of infection.
- Staff wore PPE when carrying out personal care or specific procedures. One relative commented, "[Name] feels very safe with their carers. They are super-efficient and always wear masks, apron and gloves."
- Practices to prevent infection were included in care plans. Staff had received training in infection control.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon. The service had reviewed its processes for supporting people with their finances to ensure better oversight.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Systems to manage staff training and support were in place.
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Where specialist equipment or approaches were used then staff received detailed training from the organisation's clinical trainers. One relative commented, "Staff certainly know what they are doing" and "The carers are really well trained-marvellous."
- Staff received ongoing support through supervision sessions.

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

- People's needs were assessed and care plans were in place to support these needs.
- Plans included information about people's medical needs, personal choices and particular likes and dislikes.

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

- People were supported to maintain their health and well-being.
- Care plans promoted people's health. Staff supported people with accessing other health services when needed.
- Where people needed assistance, staff alerted a health care professional or family member if they had concerns. One relative commented, "The carers would contact me if [Name] needed a GP or nursing referral. If I could not be contacted, they would urgently deal with it themselves."
- Staff worked closely with a range of other agencies to provide co-ordinated packages of care. One relative said, "[Name] had an infection recently which was really well cared for and resolved by the carer in liaison with the GP. "

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

- Staff supported people with eating and drinking where needed.
- Care plans described people's eating and drinking needs and food preferences. One person told us, "My daughter prepares meals and freezes them, and staff do it for me. They always ask me what I would like."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No one was subject to any restrictions under the MCA.
- Staff received training about the MCA as part of their induction.
- Information was available about people's capacity to consent. Where people no longer had capacity to consent most records showed who was responsible for decision making with regard to care, welfare and finances, when formal arrangements had been made with the Court of Protection.

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; respecting equality and diversity

- Staff supported people in a kind, caring and compassionate way. One person told us, "Staff are kind, considerate and caring. I cannot fault them. They chat, laugh and joke with me."
- People and their relatives were all very positive about the caring nature of staff. One person commented, "I don't think I've ever had a bad carer. I get treated the way I like to be treated."
- Records provided information that detailed what was important to each person.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

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

- People were supported to express their views. Staff understood people's wishes, preferences and choices, including where people may not communicate verbally.
- Meetings took place with people and their representative to discuss their care and support needs. One relative commented, "[Name] has an up-to-date care plan which I have been involved in, I am also included in any meetings to do with their care."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person commented, "My carers are so respectful. I couldn't ask for anything more."
- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being.

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 ensure people have choice and control and to meet their needs and preferences

- Care was planned and responsive to people's individual needs. A relative commented, "The care is very responsive. Every need is fulfilled."
- People's care plans detailed their care requirements and how they wished to be supported. One person told us, "I have a care plan and all my care needs are met."
- Records gave guidance about people's daily routines if they could not tell staff themselves.
- Staff completed a daily record at each visit, for each person in order to monitor their health and well-being. However, as this was completed electronically, people no longer had access to information about their care. One relative told us, "We used to have a book but since they have gone digital, on the 'phones, there isn't any paperwork in the house and I haven't seen a care plan." This was discussed with the manager who said people would be informed that they could have access.

End-of-life care and support

- No person was receiving end-of-life care at the time of inspection.
- Information was available about people's religion and cultural preferences if this support was required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was accessible and made available in a way to promote the involvement of the person.
- People's care records gave guidance about how they communicated.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. The management team took steps to resolve complaints to people's satisfaction. One person told us, "I made a couple of complaints, nothing bad. They were sorted and I am satisfied. I'd recommend the service."

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. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Most systems were in place to ensure people received person-centred care, however some improvements were required.
- Rota management was not always well-co-ordinated, there were some improvements required to continuity of care and the timings of some calls. People said they would, "Like to see time keeping improved and to have familiar faces for the carers."
- Electronic records were maintained to provide guidance to staff of how people wished to be supported, explaining their routines and preferences. However, several staff told us they were not aware this information was available on the work 'app' on their telephone.
- The management team communicated with people and staff. However, some people and staff told us communication was not always effective from the office. People were not always informed when their calls were going to be late, staff were not routinely verbally informed when they received additional calls on their rota and messages were not passed on.
- A new manager was appointed during the course of the inspection. They identified how they would address these improvements and were keen to further develop the service to ensure staff felt valued and systems were all in place to provide person-centred care.

We recommend that some systems including communication, access to records and co-ordination of rotas are reviewed to ensure more person-centred care to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A quality assurance system was in place and regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- Regular spot checks took place to gather people's views and to observe staff supporting people. One relative told us, "There's a woman who comes out to check and ask questions about the care [Name] is getting."
- The manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities in a timely way.

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

- The provider was committed to protecting people's rights with regard to equality and diversity.
- Not all staff said they felt supported. This was discussed with the new manager who said it would be addressed.
- Most relatives and people were involved in decisions about care and asked for feedback about their care.

Continuous learning and improving care; Working in partnership with others

- The management team and staff were committed to improving the service for the benefit of people using it.
- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.
- The manager was newly appointed to the service and was keen to consider people and staff opinions and views to make improvements.