Health Care Resourcing Group Limited

CRG Homecare Gateshead

Inspection report

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Date of inspection visit:
19 December 2018
20 December 2018

Date of publication:
01 February 2019

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

This inspection took place on 19 and 20 December 2018. The inspection was announced. We gave the provider 48 hours' notice to ensure someone would be available at the office to speak with and show us records.

CRG Homecare Gateshead is a domiciliary care agency. It provides personal care to adults living in their own houses and flats in the community.

Not everyone using CRG Homecare Gateshead receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. On the days of our inspection there were 130 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Accidents and incidents were appropriately recorded and risk assessments were in place. Staff understood their responsibilities with regard to safeguarding and had been trained in protecting vulnerable adults.

Appropriate arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had processes in place for monitoring and auditing call visit data such as missed calls, timeliness and duration.

The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's needs were assessed before they started using the service. People were supported with their dietary and healthcare needs, and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

People and were complimentary about the standard of care provided by CRG Homecare Gateshead. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging

them to care for themselves where possible.

People were protected from social isolation and supported to access the local community.

The provider had a complaints procedure in place, and people were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager. People and staff were regularly consulted about the quality of the service.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

CRG Homecare Gateshead

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 19 and 20 December 2018 and was announced. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We visited the provider's office on 19 December 2018 to speak with the registered manager and office staff; and to review care records and policies and procedures. We spoke by telephone with 13 people who used the service and one family member. On 20 December 2018, we spoke with four staff members by telephone.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People felt safe using the service. One person told us, "They are good because they stick with the same couple of carers because I get panic attacks. I get anxious around new people. I do feel very safe with them." Another person told us, "They let themselves in using the key from the key safe. They usually give a knock on the living room door before they come in."

There were sufficient numbers of staff on duty to meet the needs of people. The provider had processes in place for monitoring and auditing call visit data such as missed calls, timeliness and duration. We discussed this with the registered manager and reviewed their audits. Audits showed the majority of call visits were carried out on time however improvements could be made regarding the duration of the call. The analysis enabled the registered manager to identify specific calls so discussions could be held with the staff member. The director of quality and care told us that some people were happy for staff to leave early if they had completed their tasks. All of the people we spoke with were happy with the timeliness and duration of the call visits, they told us they were visited by the same regular staff, and none raised any issues.

The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions to prevent unsuitable people from working with children and vulnerable adults.

Risks were well managed. Accidents and incidents were appropriately recorded and lessons learned were shared with staff via supervisions and meetings. Risk assessments were in place for people. These described potential risks and the safeguards in place to reduce the risk. Records were up to date.

Checks were carried out to ensure staff were following the provider's policies and procedures correctly. This included wearing the correct uniform and protective clothing whilst carrying out visits to people. People we spoke with confirmed this.

The registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people. Policies and procedures were in place for staff to follow if they were unable to gain access to a person's home.

Appropriate arrangements continued to be in place for the safe administration of medicines.

Good

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. One person told us, "I think they have the right skills. It's nothing complicated or medically advanced. It is a well-oiled machine now and I know what they are doing and they know what they are doing." Another person told us, "Skills are no problem. I know that they have training every month or so. There are always two carers because they use the hoist to get me into the wheelchair." Another person told us, "I am 100% happy with the carers from CRG."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. It can include a review of performance and supervision in the workplace. Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated to develop support plans.

People were supported with their dietary needs. Support plans described what people could do for themselves and what they required support with. For example, one person was unable to prepare their own food and drink and requested staff only prepare fresh food and not microwave meals.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Mental capacity assessments had been carried out when required and decisions made in people's best interests were clearly recorded. Appropriate guidance on the MCA was provided and staff had been appropriately trained.

Consent to care, treatment and information sharing records were in place. These had been signed by the person or a family member if the person was unable. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. This means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

People were supported with their healthcare needs and to attend appointments when necessary. One person told us, "They always ask you how you are and if you are not too good, they will get the doctor for you." Another person told us, "If I am not well, they will call the doctor for me. That's happened twice and the first time I was taken to hospital."

Good

Is the service caring?

Our findings

The service was caring. One person told us, "They [staff] are quite chatty and they put you at your ease." Another person told us, "They look after me well. I get a cuddle off them if I am upset about anything. They will sit and chat if I am upset about anything. They won't leave me if I am upset." Another person told us, "The carers make me laugh. I can't fault them in any way. They are friendly. They are just like family. They will do anything for you and you can trust them."

People told us staff respected their privacy and dignity. One person told us, "Yes, they respect my dignity, they close the blinds." Another person told us, "I am comfortable with [staff member] showering me. When I am in the shower, [staff member] washes the dishes and warms up my clothes."

Care records described how staff supported people to be independent and people were encouraged to care for themselves where possible. For example, "I am able to brush my teeth myself", "[Name] requires two staff to assist with all transfers" and "I would like the carers to do all my personal hygiene as I am unable to do any of this." People we spoke with confirmed this.

People's preferences and choices were clearly documented in their care records. For example, how people wanted staff to access their home, whether they had any cultural or spiritual needs, and whether they preferred a shower or a bath. People were able to choose whether they preferred male or female staff, to ensure both the person and staff were comfortable with the arrangements.

Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs. One person's communication support plan stated they had communication needs however lacked detail about how staff were to communicate with the person. We discussed this with the registered manager, who agreed to review and update the support plan.

Records were kept securely at the provider's office and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager. They told us none of the people using the service at the time of our inspection had independent advocates.

Good

Is the service responsive?

Our findings

Care records were regularly reviewed and evaluated. Records were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.

Records included important information about the person, such as contact details, religious needs, next of kin, medical history and whether they had any allergies. We saw these had been written in consultation with the person. People confirmed they had been involved in writing their support plans. One person told us, "I helped with the care plan when they came out to the house." Another person told us, "I was involved in the care plan. They came out and did a home visit. I had the manager out this month to change the file and they were asking about how things are going. They telephone me as well."

Support plans were comprehensive and detailed. Each one described what care and support needs the person had, what was their desired outcome, and how they wanted staff to support them to achieve their desired outcome. One person had a support plan in place for catheter care and guidance was provided for staff. However, the support plan did not mention emptying the person's night bag in the morning. The registered manager agreed to action this.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on what the person was doing on arrival, personal care carried out and any other relevant information.

The provider had an end of life policy. None of the people using the service at time of our inspection were receiving end of life care nor had they made any end of life wishes known. Staff had been trained in end of life care and the registered manager told us the service was able to support people when required.

People were protected from social isolation. One person told us, "It's company for me when they come because I don't get out at all, so it's nice to have a little chat with them [staff]." Some of the people received support to access the local community, such as to go shopping or attend healthcare appointments. One person told us, "One of the carers takes me out shopping in the wheelchair and it's brilliant."

The service was aware of the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service user guide was available in large print, easy to read guidance was available on how to get information from health and social care services, and the complaints procedure was available in an easy to read format.

The provider had a complaints policy and procedure in place and people were aware of how to make a complaint.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since January 2017.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.

People told us the service was well managed. One person told us, "I think it is well managed, especially in the beginning. I called them straight away about the call times and within a couple of days, things were put right. I was pleased with them." Another person told us, "I think it is well managed. One of the carers had to go to a funeral in the afternoon and they re-arranged the appointments so that she could go."

People told us staff seemed happy in their work. One person told us, "They do seem happy in their work. Sometimes they seem a little stressed if they are running late but there is no job without stress." Another person told us, "The staff seem happy, jovial in fact. They are very professional."

Staff were regularly consulted and kept up to date with information about the service. Regular staff meetings took place and annual surveys were carried out. The provider held a 'listening lunch', where a member of the senior management team met members of staff to talk about the service, and discuss and respond to any issues. The service had recently introduced an electronic application that each staff member had on their mobile phone. This enabled management to send information to staff, provide updates and have conversations.

Staff we spoke with felt supported by the management team. One staff member told us, "If we've got any concerns at all, there's always someone to speak with." Another staff member told us, "There's always someone at the end of the phone."

The provider had a robust quality assurance process in place. Regular audits were carried out and action plans were in place for any identified issues. Reports were sent to the provider's quality assurance team with updates on the service such as outcomes of audits, reviews of staffing and analysis from accidents, incidents and safeguarding related incidents.

People and family members were able to feedback on the quality of the service. Feedback was obtained from people at each three-monthly review and via telephone calls. One person told us, "I have had telephone calls asking about how I find the service, do the carers wear uniforms, do they identify themselves and whether they are on time?" Another person told us, "The office ring up sometimes and they come to the house and bring a form to sign about what you have said on the telephone". Another person told us, "Someone comes from the office every month and she has a chat with me and the wife and she asks if

everything is OK and I say everything is smashing. She fills in the forms on the computer and I sign them and they go in the book."