

## Cachet Care Services Limited

# Cachet Care Services

### 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?

Requires improvement 

### Overall summary

This was an announced inspection carried out on the 27 February 2015.

Cachet Care Services provides personal care and support in people's own home. The office is situated on one of the main roads, close to Bolton town centre.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection carried out in November 2013, we did not identify any concerns with the care and support provided to people by the service.

People who used the service and relatives told us they felt safe and trusted staff to come into their home to provide care and support. One person who used the service told us; "They are spot on, champion and

# Summary of findings

everything. It's a pleasure to meet them. They are excellent at time keeping." Another person who used the service said "I've been using them since 2012, I think the service is excellent. I have had others so I can say. They are very good at time keeping, or if they are late, they give me a ring to let me know they will be a bit late."

During our inspection, we checked to see how the service protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We reviewed a sample of six recruitment records, which demonstrated that staff had been safely and effectively recruited.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. We looked at a sample 10 medication administration records (MAR) which detailed when and by whom medicines were administered. We found accurate records were maintained without any signature gaps in any of the records we looked at.

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. New staff explained to us the comprehensive induction course they were expected to undertake on joining the service.

Staff told us they received regular training including refresher training, which we confirmed by looking at staff training records. We looked at future scheduled training which was organised by the deputy manager. This included obtaining National Vocation Qualifications (NVQ) in social care and training in medication, food hygiene and first aid.

Staff told us they felt valued by the service, were supported in their role and received regular supervision. One member of staff told us; "I had personal problems last year, the understanding and flexibility was fantastic, absolutely no pressure. I feel very supported in my role."

We looked at the way the service managed consent to any care and support provided. We found that before any

care and support was provided, the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service and speaking to staff.

We found that written consent had also been obtained within care files, which included a signed agreement between the client and the service. Written consent had also been obtained before the service administered medication.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Apart from one member of staff who had received training with another organisation, all staff we spoke with stated they had not received any training and had limited or no knowledge of the legislation. We confirmed from viewing training records that staff had not received any training provided by the service. We spoke to the registered manager about these concerns, who was able to reassure us that training would be scheduled during the year.

People and relatives consistently told us the service was professional, kind and caring. One person who used the service said "They are very caring and respectful, they are like family." Another person told us; "They are very compassionate and caring, I can't fault them."

During our visits to people's homes, we observed the interaction between staff and people who used the service. We noted that staff were caring and affectionate to the people they supported.

Staff told us people were taken out on social outings and encouraged to socialise with other people who used the service. We spoke with a member of staff who was responsible for coordinating social outings for a number of people who used the service. This included visiting two luncheon clubs each week which was organised by a local church.

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care.

Staff told us that the service discussed people's needs to see if improvements in the service could be made. One

# Summary of findings

member of staff said “We do have staff meetings where we discuss ideas and suggestions in relation to people’s individual care. We discuss how improvements can be made to the care they receive.”

The service policy on compliments and complaints provided clear instructions on what action people needed to take. The details of the complaints process was contained within a ‘service guide’ and included contact details for CQC and Local Government Ombudsman.

Each and every person we spoke with told us that the service was well run and singled out the registered manager for praise in respect of the leadership they provided. One relative who used the service said “The manager is top class and aims to provide top quality care and leads very well.”

Staff told us that the management expected high standards and that an open and transparent culture was promoted by the service. We found the management structure of the service provided clear lines of responsibility and accountability. Staff we spoke with had a good understanding of their roles and responsibilities.

We found that the service did not record regular audits to monitor the standard of service delivery, such as medication audits and competency / spot checks on staff. However, we were able to confirm that staff were regularly monitored by the registered manager who also sought feedback from people who used the service about the quality of care received.

The service had policies and procedures in place which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, data protection and health and safety. Staff were expected to sign to confirm they had read and were familiar with individual policies.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people.

# Summary of findings

## 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 safe. People who used the service and relatives told us they felt safe and trusted staff to come into their home to provide care and support.

During our inspection, we checked to see how the home protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe.

Good



### Is the service effective?

The service was effective. We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. New staff explained to us the comprehensive induction course they were expected to undertake on joining the service.

We looked at the way the service managed consent to any care and support provided. We found that before any care and support was provided, the service obtained consent from the person who used the service or their representative.

Staff told us they felt very valued by the service, were supported in their role and received regular supervision.

Good



### Is the service caring?

The service was caring. People and relatives consistently told us the service was professional, kind and caring.

During our visits to people's homes, we observed the interaction between staff and people who used the service. We noted that staff were caring and affectionate to the people they supported.

Staff told us that people were taken out on social outings and encouraged to socialise with other people who used the service. We spoke with a member of staff who was responsible for coordinating social outings for a number of people who used the service.

Good



### Is the service responsive?

The service was responsive. We found people who used the service had care plans in place with copies held at the both the head office and in their homes. The structure of the care plan was clear and easy to access information. This provided staff with clear guidance on people's individual support needs.

Relatives and people who used the service confirmed that the service was responsive to people's changing needs.

Good



# Summary of findings

The service policy on compliments and complaints provided clear instructions on what action people needed to take.

## Is the service well-led?

Not all aspects of the service were well-led. Each and every person we spoke with told us that the service was well run and singled out the registered manager for praise in respect of the leadership they provided. Staff told us that the management expected high standards and that an open and transparent culture was promoted by the service.

We found that the service did not record regular audits to monitor the standard of service delivery, such as medication audits and competency / spot checks on staff. However, we were able to confirm that staff were regularly monitored by the registered manager who also sought feed-back from people who used the service about the quality of care received.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people.

**Requires improvement**



# Cachet Care Services

## Detailed findings

### Background to this inspection

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

This inspection took place on 27 February 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their head office to facilitate our inspection. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with external providers including Bolton Council.

At the time of our inspection the service provided care to 21 people in and around the Bolton area. The service employed 15 members of care staff including, a deputy manager, a care coordinator and an administrative assistant. During the inspection, we spent time at the head office and looked at various documentation including care plans and staff personnel files. We also spent time looking at the call monitoring system known as 'webroster,' which showed where staff needed to be and at what time in order to provide appropriate care. This also recorded arrival and departure time of staff using a free phone service.

We also spent time visiting six people who used the service in their own homes to ask them about the service they received. We also spoke to four relatives of people who used the service. We spoke with eight members of staff including the registered manager and deputy manager. We also spoke to a visiting National Vocational Qualification (NVQ) assessor, who was visiting the service at the time of our inspection.

# Is the service safe?

## Our findings

People who used the service and relatives told us they felt safe and trusted staff to come into their home to provide care and support. One person who used the service told us; “They are spot on, champion and everything. It’s a pleasure to meet them. They are excellent at time keeping.” Another person who used the service said “I’ve been using them since 2012, I think the service is excellent. I have had others so I can say. They are very good at time keeping, or if they are late, they give me a ring to let me know they will be a bit late.” Other comments from people who used the service included; “They go that extra mile, they are very good like that, all very nice, gentle and so homely.” “Excellent at time keeping and will let you know. They are always available. Today we needed them to come earlier and they responded straight away.”

A relative who was a retired health care professional told us; “I’m impressed as they tell you who is coming, if late they let you know. Never a stranger coming to the house. I am delighted with them and have complete peace of mind.” Another relative said “The service is absolutely brilliant. They are regular and you just can’t fault them.” Other comments included; “I have peace of mind that my X is getting first class care.”

During our inspection, we checked to see how the service protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding adult’s policy and saw how the service managed safeguarding concerns. Contact details of the local safeguarding team were also available. We looked at a handbook provided to each member of staff which included details on whistleblowing procedures for staff to follow in the event of any concerns. Staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records.

Staff were able to describe the different types of abuse and what action they would take if they had any concerns. One member of staff was able to emphasise how the registered manager had stressed the importance of accurately recording their concerns and observations in one example they had experienced. Staff also told us the registered manager insisted on an open and transparent culture amongst the team. One member of staff told us; “I feel totally supported, it’s an open culture here. Managers are

good at picking up any issues or concerns we may have.” Another member of staff said “It’s an environment where you can be open and honest and not hesitate in raising any concerns. The management listen and I have confidence they will deal with matters.”

We reviewed a sample of six recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification such as driving licenses and passports. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service. This demonstrated people were protected against the risks of abuse because the service had robust recruitment procedures in place.

We looked at how the service managed risk. We looked at a sample of six care files and found each contained individual ‘service user risk assessments’ that had been undertaken. The risk assessment included areas such as the environment, medication, moving and handling and falls. These provided guidance to staff as to what action to take and were regularly reviewed by the service. In one instance where a person was at risk of falls, the assessment provided clear instructions on what action should be taken by staff which included; contacting the GP, availability of care alarm pendant and suitable footwear.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. We spent time looking at the call monitoring system used by the service known as ‘webroster,’ which showed where staff needed to be and at what time in order to provide appropriate care. This also recorded arrival and departure time of staff using a free phone service. This enabled managers to ensure care had been provided to people at the required time. Every person we spoke to who used the service or their relatives told us staff in the majority of cases always turned up on time. In the rare event when they were delayed, they would always ring to let them know, or alternative staff would be sent by the service.

We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure the service was safe. The service mainly used a ‘blister pack’ system for people to store their medication.

## Is the service safe?

'Blister pack' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to person's home. The pack has a peel off plastic lid and listed the contents and the time the medication should be administered. We found care files clearly recorded where medications were stored in people's homes. We looked at a sample of 10 medication administration records (MAR) which detailed when and by whom medicines were administered. We found accurate

records were maintained without any signature gaps in any of the records we looked at. We found all staff administering medication had received training which we verified by looking at training records.

Suitable arrangements were in place for staff to enter people's home safely and securely. Some people who used the service lived alone and staff required the use of a key to access their home. We saw keys were appropriately stored in a 'key safe' or staff were required to enter a pin code before gaining access sheltered accommodation.



# Is the service effective?

## Our findings

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. New staff explained to us the comprehensive induction course they were expected to undertake on joining the service. Staff new to social care undertook a week of observing other staff whilst providing support to people. This was followed by a period of eight days at a council run training centre, where staff were introduced to the social care common induction standards, which included training in first aid, manual handling, food hygiene, infection control, safeguarding and medication.

One member of staff told us; “I felt really prepared coming into this job. After the induction course I continued a period of shadowing for a further 10 days supporting other staff before starting out on my own. The manager gave me as much time as I needed to be confident.” Another member of staff said “The induction course pretty much prepared me for the role. I found the first month very demanding as there was a lot to learn in a short while.” This member of staff also said “The manager’s expectations are high and I wouldn’t want anyone who wasn’t one hundred percent committed.”

Staff told us they received regular training including refresher training, which we confirmed by looking at staff training records and future scheduled training which was organised by the deputy manager. This included obtaining National Vocation Qualifications (NVQ) in social care and training in medication, food hygiene and first aid.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Staff told us they felt very valued by the service, were supported in their role and received regular supervision. One member of staff told us; “I had personal problems last year, the understanding and flexibility was fantastic, absolutely no pressure. I feel very supported in my role.” Another member of staff said “I feel fully supported by management at all times. They are always there to answer the phone if I have any concerns.” Other comments included; “I have regular supervision, but I can always raise issues at any time. I feel very supported.” We verified these comments by reviewing supervision records we looked at.

During our inspection we spoke to a NVQ assessor who was visiting the service on the day of our inspection. They told us the assessments involved observing staff delivering care. They felt the management were very supportive and staff were professional and caring when attending to people who used the service. They also confirmed that the service sought the consent of the person before the assessor undertook any observations.

We looked at the way the service managed consent to any care and support provided. We found that before any care and support as provided, the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service and speaking to staff. One relative said “They are very mindful of our needs and never force my X into doing anything she doesn’t want to do.” One person who used the service said “They are not bossy and always ask permission first before doing anything.”

Whilst visiting people in their own homes we saw staff asked for their consent before delivering support such as undertaking any tasks such as cleaning or providing meals and drinks. We found that written consent had also been obtained within care files, which included a signed agreement between the client and the service. Written consent had also been obtained before the service administered medication.

We asked staff how they would ensure that people consented to support where people lacked capacity of were living with dementia. One member of staff told us; “I would explain what I wanted to do, but would never force people. I know from people’s body language and reaction whether they were consenting or not.”

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Apart from one member of staff who had received training with another organisation, all staff we spoke with stated they had not received any training and

## Is the service effective?

had limited or no knowledge of the legislation. We confirmed from viewing training records that staff had not received any training provided by the service. We spoke to the registered manager about these concerns, who was able to reassure us that training would be scheduled during the year.

During the inspection we looked at how the service supported people to maintain good health and access healthcare services. One relative who lived a long way

from her family told us; “They have talked through with me any issues and concerns and I’m fully consulted about what my X’s needs. They have contacted the GP in the past and when the GP didn’t turn up they contacted me and kept me updated. They are very pro-active about my X’s care.” The deputy manager demonstrated to us through using the ‘webroster’ referrals and appointment with other health care services that had been made for people using the service. This included GP appointments and optician.

# Is the service caring?

## Our findings

People and relatives consistently told us the service was professional, kind and caring. One person who used the service said “They are very caring and respectful, they are like family.” Another person told us “They are very compassionate and caring, I can’t fault them.” One relative told us; “They treat our X with genuine compassion.” Another relative said “I have met the carers on numerous occasions, communication is excellent, caring is first class.”

Other comments included; “They spend time with me always chatting and take me shopping.” “The standard of staff is great. They are all caring and compassionate.” “My X is absolutely over the moon with them, because they make such a fuss of her.” “They are wonderful.”

During our visits to people’s homes, we observed the interaction between staff and people who used the service. We noted that staff were caring and affectionate to the people they supported. We witnessed staff holding people’s hand with appropriate touching and in one instance a kiss on a person’s cheek when they left. We noted laughter and smiling and it was clear that staff knew the people they supported and their individual needs.

Each person we spoke with confirmed staff always treated them with dignity and respect when care and support was provided. We spoke with staff about how they encouraged and allowed people’s independence when providing care and support. One member of staff told us; “With making people more independent, it’s normally the little things first such as encouraging people to dress themselves when it is easier for them for us to do it.”

Staff told us that people were taken out on social outings and encouraged to socialise with other people who used the service. We spoke with a member of staff who was responsible for coordinating social outings for a number of people who used the service. This included visiting two luncheon clubs each week which was organised by a local church. This member of staff told us; “I coordinate who needs to be picked up by staff and which members of staff stay with them to support them in any social activities that take place at the luncheon club. Each Friday, I take one person out to lunch. I also support them when going to the hair dresser or dentist and book all their appointments.” We were also told that the registered manager was intent on establishing the services own lunch club to help and encourage people to be more independent and sociable. One relative told us; “The carers are happy in their jobs and never complain. The support my X in socialising.”

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care. One relative told us; “I rang the registered manager late one night and discussed concerns and worries I had about my X’s care. An e-mail was then sent to all staff including myself, fully explaining my concerns and detailing what action was required.” The same relative also said “I’m always fully consulted about my X’s needs and involved in reviews. I am delighted with them and have complete peace of mind.”

# Is the service responsive?

## Our findings

Before each person began using the service, the registered manager carried out a detailed initial assessment of their individual needs. One relative told us; “Before starting with the service, the registered manager visited my X while in hospital not only to establish her needs but also to establish a relationship with my X.”

We found people who used the service had care plans in place with copies held at both the head office and in their homes. The structure of the care plan was clear and easy to access information. This provided staff with clear guidance on people’s individual support needs. We found care plans captured information such as people’s history, contact details of families and health professionals, dietary requirements, mobility and continence issues. Each file contained a task sheet which clearly set out what tasks were required on each visit made to the person’s home. This included administration of medication, personal hygiene, domestic tasks and involvement in any social activities. We saw that care plans were regularly reviewed by the service and involved people who used the service or their relatives.

Staff we spoke with told us the service was pro-active in monitoring people’s changing needs. One member of staff said “We had one person who was self-administering medication, however it was apparent to me she couldn’t do it properly. As a result I highlighted my concerns and we ended up changing her care plans and started administering their medication.” Another member of staff told us; “Any changes to care plans that were required, I would immediately report it to the registered manager and leave a note in the communication sheet so that all staff were made aware of the issue.”

Staff told us that they discussed peoples’ needs to see if improvements in the service could be made. One member

of staff said “We do have staff meetings where we discuss ideas and suggestions in relation to people’s individual care. We discuss how improvements can be made to the care they receive.” Another member of staff told us “We have team meetings where we discuss everything including how we can improve the individual care needs of people.”

Relatives and people who used the service confirmed that the service was responsive to people’s changing needs. One person who used the service told us; “I’m due to go into hospital and was very worried. The registered manager has already reassured me that when I come out they will be there to support me. I was told they are there for me at any time I need them.” One relative told us; “If there are any changes needed, they always respond. When I visit they do tend to go through any changes made.” Another relative said “My X goes to church, nothing is too much trouble or a problem like changes to visit times. They are very adaptable to the needs of my X.” Other comments included “They will always respond to any requests we have.” “Very responsive, nothing is too much trouble even watering my plants.”

The service policy on compliments and complaints provided clear instructions on what action people needed to take. The details of the complaints process was contained with a ‘service guide’ and included contact details for CQC and Local Government Ombudsman. Every person we spoke with told us they had never had cause to complain about the service they received and that in the event of a concern, they would speak directly to the registered manager. One person who used the service said “Any concerns I would ring the registered manager as she is a very caring person and I know she would respond to my concerns.” A relative told us; “I would go to the registered manager with any concerns and I’m confident they would be dealt with.”

# Is the service well-led?

## Our findings

Each and every person we spoke with told us that the service was well run and singled out the registered manager for praise in respect of the leadership they provided. One relative who used the service said “The manager is top class and aims to provide top quality care and leads very well.” Another relative said “I think they are really fantastic. The manager is brilliant. She knows what she wants and new staff are given a trial period before acceptance.”

Staff told us that the management expected high standards and that an open and transparent culture was promoted by the service. We found the management structure of the service provided clear lines of responsibility and accountability. Staff we spoke with had a good understanding of their roles and responsibilities. One member of staff said “We have a very open culture here.” Another member of staff told us; “I feel very supported by management at all times. No concerns at all, I feel it is a good company to work for.” Other comments included “It’s an open environment where you can be open and honest and not hesitate in raising concerns. The management listen and I have confidence they will deal with matters.”

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

All staff were provided with a ‘staff handbook’, which provided guidance on employment and care issues. This included expectations of behaviour at work, contractual rights to search employees for suspected wrong doing and integrity purposes, accident reporting, safeguarding, complaints, discipline and food hygiene.

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken by the service. The service used a call monitoring system which enabled manager to monitor visits to people who used the service and to make alternative arrangements in the event of any delays. This was a free phone service which staff rang on arrival and on leaving people’s homes.

However, we found that the service did not record regular audits to monitor the standard of service delivery, such as medication audits and competency / spot checks on staff. We spoke to the registered manager about these concerns. We were able to confirm that staff were regularly monitored by the registered manager who also sought feed-back from people who used the service about the quality of care received. Though we found this had minimal impact on people who used the service, the registered manager reassured us that in future, a formalised system of auditing and competency checks would be introduced.

We also established that the service had not circulated questionnaires to seek feed-back from people who used the service, their families and health care professionals as a means of monitoring the quality of service delivery. However, we were able to establish from speaking to people who used the service and the registered manager that the service regularly sought feed-back. The registered manager was very pro-active and had developed a caring and responsive relationship with each person who used the service. People told us that if they had any concerns they would speak to the registered manager who always responded to any issues they had. Though this have minimal impact on people who used the service, the registered manager informed us that with the recent appointment of a deputy manager, a new questionnaire would be developed and sent to interested parties.

The service had policies and procedures in place which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, data protection and health and safety. Staff were expected to sign to confirm they had read and were familiar with individual policies.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

We looked at minutes and agreed outcomes from staff meetings and training days that had taken place. Issues discussed included history and vision of service, medication, expectations of people who used the service and how services could be improved for people.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people. Formed

## Is the service well-led?

in 1991, Investors in People was established by the UK Government to help organisations get the best from their people. Organisations that demonstrate the Investors in People Standard achieve accreditation through a rigorous and objective assessment to determine their performance.