

Care at Home Group Ltd

Care at Home Group Cheshire West and Wirral

Inspection report

Suites 8,9 & 10 Gateway House
New Chester Road, Bromborough, Wirral
Merseyside
CH62 3NX

Date of inspection visit:
22 November 2023

Date of publication:
06 February 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care at home group Cheshire West and Wirral is a domiciliary care agency providing support to people in their own homes. 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. At the time of the inspection, 82 people were in receipt of personal care.

People's experience of using this service and what we found

Systems in place to monitor the quality and safety of the service were not always effective and did not consistently promote good outcomes for people. Audits did not identify the issues we highlighted during the inspection, and feedback from people regarding the management of the service was not positive. CQC had not been informed of all notifiable incidents, such as safeguarding concerns. Records regarding the service provided, and staff employed, were not always maintained accurately. We were told team meetings had taken place, but these could not be evidenced as they have not been recorded.

Systems in place to manage medicines were not always effective. Although staff had completed medicine training and had their competency assessed, medicines were not always administered in line with people's plans of care and there were some gaps evident in the recording of medicines administered. We made a recommendation regarding this.

Systems were in place to recruit staff safely, but these were not always completed robustly. The outcome of Disclosure and Barring Service checks were not always clearly recorded within staff files and not all staff files contained a full employment history as required. People told us they did not always receive their calls at the scheduled times. Electronic records did not always provide clear and consistent information regarding call times, as staff did not always log in or out of every call. We made a recommendation regarding this.

Records showed that staff completed an induction, training and shadowing shifts, and completed competency assessments to ensure they had the skills to meet people's individual needs. However, these tools were not always completed robustly and despite the training recorded, people raised concerns about the knowledge and skills of some staff.

Procedures were in place to ensure safeguarding concerns were managed appropriately and risk assessments were in place to assess and manage risks. People's care plans were detailed and included clear guidance for staff. Referrals were made to other health and social care professionals if staff had any concerns regarding people's health and wellbeing and staff supported people to access medical advice and attend appointments when required.

Systems were in place to seek and record people's consent but could be further improved. Information regarding Power of Attorney (POA) was not always clearly recorded or evidenced. 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.

Most people told us they were treated with respect by staff who supported them regularly and knew them well. However, people also said that newer staff did not know them as well and this impacted on their care experience. People were encouraged to share their views of the service they received and were involved in decisions about their care. Care plans were clear, detailed and reflected people's preferences in relation to the care they required. They included information regarding people's medical health needs, to ensure these were known about and could be managed effectively.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 April 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, training and the provision of care. A decision was made for us to inspect and examine those risks. As the service had not yet been inspected, a comprehensive inspection was completed. Concerns were identified and you can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report. We also made recommendations regarding the management of medicines, and staffing and recruitment.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always 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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care at Home Group Cheshire West and Wirral

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 undertaken by an inspector, a regulatory coordinator and an Expert 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 homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a new manager had been appointed and had submitted an application to register with the Commission.

Notice of inspection

We gave a short period of notice of the inspection because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 22 November 2023 and ended on 8 December 2023. We visited the location's office/service on 22 November 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered, and sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the site visit we spoke with the nominated individual, operations manager and the manager and gained feedback from 3 care staff after the visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 13 other staff members. We also spoke with 5 people who used the service and 6 relatives, about their experience of the care provided, and reviewed the information and experiences people shared with us online during the inspection process.

We reviewed a range of records. This included 6 people's care records and a range of people's medication records. We looked at 4 staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits, were also 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Systems in place to manage medicines were not always effective.
- Medicines were not always administered in line with people's plans of care. For example, one person's care plan clearly stated staff were to ensure medicines were taken before they left. However daily records evidenced staff had left medicines for the person to take later.
- Medication administration records (MARs) were in place for staff to record medicines administered, but there were some gaps in the recording of administered medicines. Records showed this was often when medicines had not been taken whilst staff were with the person but left for later, or if people had been in hospital. There was no evidence of harm to people due to these inconsistencies.

We recommend the provider reviews and updates its procedures to ensure medicines are always managed and recorded safely.

- Staff had completed medicine training and had their competency assessed by senior staff through onsite observations, to ensure they were safe to manage people's medicines.

Staffing and recruitment

- Systems were in place to recruit staff safely, but these were not always completed robustly.
- Staff recruitment files contained references and completed Disclosure Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. However, the outcome of these checks were not always clearly recorded.
- Not all staff files contained a full employment history as required.
- People told us they did not always receive their calls at the scheduled times. Electronic records did not always provide clear and consistent information regarding call times, as staff did not always log in or out of every call.
- People's comments included, "There were incidents when they were up to 3 hours late. They didn't ring to tell me", "There is a very high turn over of staff" and "The morning call can be anytime from 9.30-11.30. I did ring and complain and it has got a bit better since then."
- Some people also told us they did not have consistency with the staff that provided their care. One person said, "I get different carers often. I have rang to complain but they say there is nothing they can do."

We recommend the provider reviews and updates its procedures regarding staffing and recruitment to

ensure there is always a sufficient number of safely recruited staff to meet people's needs effectively.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were managed appropriately.
- Staff had completed safeguarding training and a policy was in place to guide them in their practice.
- A log was maintained to record concerns raised, actions taken and any outcomes, but this was not always fully up to date.
- Despite concerns raised regarding some aspects of the service, most people told us they felt safe with the support they received. One person told us, "Yes it's safe. I'm a stickler so I make sure it's ok."

Assessing risk, safety monitoring and management

- Systems were in place to assess and manage risks to people.
- Individual risk assessments had been completed and measures were put in place to minimise identified risks.
- People's care plans were detailed and included guidance for staff regarding actions they should take to ensure people's safety in an emergency, including health emergencies.
- Care plans were reviewed regularly and updated when people's needs changed.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to help ensure lessons were learnt.
- Each complaint received was recorded and reviewed to see if any lessons could be learnt and shared with the staff team.
- There had not been any recent accidents, but incidents such as medication errors were also recorded and investigated to see if improvements could be made.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff felt supported in their role, but the systems in place could be further improved.
- Records showed that new staff completed a comprehensive induction, training and shadowing shifts. Annual refresher training was then provided, which most staff were up to date with.
- Staff underwent competency assessments to ensure they had the skills to meet people's individual needs. However, the tools were not always completed robustly.
- Despite the training recorded, people raised concerns about the knowledge and skills of some staff, particularly the more recently recruited staff. Their comments included, "The new staff are terrified of the hoist, they don't know how to use it", "Sometimes I have to explain to staff what to do, especially with the moving and handling equipment", "The new one's don't have enough training" and "I had some carers I wouldn't have in the house because they didn't know what they were doing."

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

- People were supported to ensure they had appropriate meals and drinks available to them.
- Staff had completed food hygiene training so they had the skills to support people effectively.
- People's care plans reflected what support they required, as well as any individual diet and fluid preferences.
- People's feedback regarding support with meals was mixed. They told us, "I tell them what I want, they will make anything I ask for" and "Half of them can't cook- I ask for chips and they are cold. The food's not getting cooked properly, so I only have a hot meal when it is the regular carers, if it is the new ones I have sandwiches."

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

- Systems were in place to seek and record people's consent, but could be further improved.
- Information regarding Power of Attorney (POA) was not always clear within people's care files and when records stated this was in place, there was not always evidence to support it.
- When able, people had signed to show their consent to planned care and decision specific mental capacity assessments were in place if there were concerns about people's ability to make informed decisions.

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

- People's needs were assessed to ensure they were known and could be met effectively.
- One person told us, "They did an initial assessment, and they are doing everything they said they would do."
- The provider's policies referenced best practice guidance to support staff in their practice and ensure support was provided in line with standards.

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

- Referrals were made to other health and social care professionals if staff had any concerns regarding people's health and wellbeing.
- Staff supported people to access medical advice and attend appointments when required.
- People told us, "If I was poorly they would call my family. I don't want them to call my GP or an ambulance" and "I do have hospital appointments and they do work round them so I can get to my appointment on time."

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

- Most people told us they were treated with respect by staff who supported them regularly and knew them well.
- Comments included, "They are very kind and caring and always treat me with respect. I have no complaints about the staff", "The carers are delightful, respectful and kind" and "The carers are excellent; they do whatever I ask them to do."
- Some people told us that newer staff did not know them so well and this impacted on their care experience. One person told us, "I prefer the regular people because they listen to you. The new ones don't read the notes. They don't listen to me, and they don't know how to wash me properly."
- Records evidenced examples of caring support from staff, such as helping a person put up Christmas decorations when they were upset that they did not have any.
- Daily records of care were written using respectful language and reflected the provision of dignified care.

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

- People were encouraged to share their views of the service they received, and were involved in decisions about their care.
- When able to, people had signed and consented to their plans of care to show they had been involved in the completion of their care plan.
- Regular surveys were completed with people about the service they received, which provided an opportunity for them to share their views and request any necessary changes to their plan of care.
- A service user guide was provided to people when they began using the service. This provided information about the service and what people could expect.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in ways that promoted people's independence. They informed staff what people required support with, but also what they could do for themselves.
- One person told us, "They help me to wash but I can dress myself, they will help if I need it, but they let me try to do it myself."

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 delivered in a person-centred way, around the needs and preferences of people receiving care.
- Care plans were clear, detailed and reflected people's preferences in relation to the care they required. Records showed that care plans were reviewed regularly, and that people were involved in their care planning.
- Care plans included detailed information regarding people's medical health needs, to ensure these were known about and could be managed effectively, as well as information regarding people's life history and what makes them happy. This helped staff to understand the person's needs and how best to meet them.
- Daily logs completed at each visit reflected the care provided was usually in line with the care planned for people.

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.

- People's communication support needs were fully assessed and met.
- Care plans reflected people's communication needs. For example, if people had any visual or hearing impairment, care plans directed staff how this was managed and what support they required to ensure their communication needs were met.

Improving care quality in response to complaints or concerns

- Systems were in place to manage any complaints received.
- A complaints policy was in place and information regarding the process was provided within the service user guide, so people knew how to raise any issues.
- A complaints log was maintained, which included information about the concern, how it was investigated and managed, the outcome, and what was learnt to improve the service.
- People and their relatives told us when they raised a concern, it was usually dealt with. However, despite several requests people still did not receive a weekly rota to inform which staff would be attending each call.

End of life care and support

- There was no end-of-life care being provided 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. 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; Continuous learning and improving care

- Systems in place to monitor the quality and safety of the service were not always effective and did not consistently promote good outcomes for people.
- Although some audits were completed, they did not identify the issues we highlighted during the inspection, such as those relating to staffing and recruitment, submission of safeguarding notifications, medicines management, people's feedback regarding staff knowledge of their care needs, visit times and issues making contact with the office.
- Action plans were usually in place at the end of audits that reflected any issues highlighted but did not always say what actions would be taken to address them.
- Feedback from people regarding the management of the service was not positive. People told us they struggled to get through to the office if they had queries; their calls were often not returned, and despite asking on numerous occasions they did not receive a rota to advise them which carers would be providing their support each week. Their comments included, "The most annoying thing is when they don't answer the phone", "It is a very disorganised system" and "I have complained so many times about the time keeping."
- Feedback from staff regarding the management of the service was mixed. Some staff described having had several new managers in the past year, which has led to a lack of communication, rota's being changed without notice and a lack of training. One staff member told us, "The [company] I work for now is incompetent, and to be real they quite frankly don't care about the welfare of us staff or clients." However, several other staff described a service that was now improving with the support of a new management team in place.

Failure to ensure effective systems are in place to monitor the quality and safety of the service and ensure good outcomes for people, is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records showed that concerns were reviewed to establish if duty of candour was applicable, to ensure relevant steps could be taken.
- CQC had not been informed of all notifiable incidents, such as safeguarding concerns. Failure to notify the Commission of these events is an offence, however new systems had since been implemented to help oversee this process and help ensure all relevant notifications were submitted. We have reviewed these

concerns to assure ourselves appropriate actions had been taken to ensure people's safety.

- Records regarding who a service was provided to, and staff employed, were not always maintained accurately as differing information was provided during the inspection.
- There was no registered manager in post, however a new manager had been appointed and had applied to register.
- A range of policies and procedures were in place to help guide staff in their roles.
- An external audit commissioned by the provider identified several actions required to improve the service and the action plan showed these had been completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Some systems were in place to gather feedback from people regarding their views of the service, such as surveys and a complaints procedure, but these could be further developed.
- We were told team meetings had taken place, but these could not be evidenced as they have not been recorded.
- The manager liaised with other professionals and referrals were made for their specialist advice and support when required.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not always effective and did not result in good outcomes for people.