

Care at Home Group Ltd

Care at Home Group Warrington

Inspection report

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Date of inspection visit:
15 April 2021

Date of publication:
21 May 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Care at Home Group Warrington provides care and support to people in their own homes across the Warrington area. 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 there were 42 people using the service.

At our previous inspection in December 2020 the provider was in breach of regulations. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations. However, evidence that could be reviewed was limited as these improvements had been implemented following a change in management after the last inspection. The focus now needs to be on further embedding and sustaining improvements over a longer period of time in order to achieve an overall rating of good.

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

People and their family members told us they had seen improvements in the overall quality of the service and would now recommend Care at Home to others.

People's health, safety and wellbeing were assessed and managed safely. Care plans provided necessary information and guidance for staff identify and respond to incidents or events associated with specific risks; such as diabetes and epilepsy. People felt safe with the staff who supported them and family members were reassured their loved ones were well looked after.

Staff now had the right skills, knowledge and experience to carry out their role and keep people safe. The manager had completed a full review of staff training and induction and ensured all staff had received mandatory training and additional training specific to people's needs. Staff spoke positively about the quality of training they now received.

Staff told us better organisation of their rotas and call runs and increased staff numbers meant they were able to ensure people received their calls at the right times. Managers monitored call times throughout the day and took immediate action where issues were raised. People and family members told us their calls were now completed on time by consistent staff.

Robust measures were now in place to prevent the spread of infection, particularly in response to COVID-19. Staff followed correct guidance in the use and disposal of PPE and told us they received appropriate training and guidance. Staff were supported to access regular COVID-19 testing and vaccinations.

The recruitment of a new management team had resulted in improvements identified at this inspection. Staff, people and family members spoke positively about well the service was run and improvements made.

Systems and processes for assessing, monitoring and improving the quality and safety of the service had now been implemented and were used effectively. Regular checks and audits were completed and areas of improvement identified and action taken.

Managers fully engaged with staff, people and family members to obtain their views about the service and ways to improve. Staff now felt well-supported and listened to and told the manager regularly acknowledged their hard work and achievements.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (report published 16 December 2020) and there were multiple breaches of regulation found.

Why we inspected

Following the last inspection, the provider completed an action plan to tell us what they would do and by when to improve the service. We undertook this focused inspection to check they had followed their action plan and confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Home Group Warrington on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

This service was not always well-led.

Details are in our well-led findings below.

Care at Home Group Warrington

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one 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 houses or flats.

The service did not have a manager registered with the Care Quality Commission. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 15 April 2021 and ended on 20 April 2021. We visited the office location on 15 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection; this included an action

plan and updates sent by the provider following the last inspection. We sought feedback from the local authority 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.

During the inspection

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and observations. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 11 family members and two people who use the service about their experience of the care provided. We spoke with the manager, area manager and deputy manager and five members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection, the provider had failed to ensure the safe management of individual risks and medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of Regulation 12.

- Risks to people and their environment had been assessed and clear guidance was in place for staff to follow to keep people safe from harm.
- Where people had identified risks in areas such as diabetes and epilepsy, additional information and guidance was available for staff to enable them to identify and respond to incidents of concern.
- Staff now had the relevant skills and knowledge to manage people's identified risks and keep them safe. Additional training had been provided in areas such as diabetes, catheter care and wound management.
- People and family members provided positive feedback about how safe and assured they felt. Comments included; "They [staff] are very respectful to me and treat me so well that I feel very safe with them" and "Everything is fine and the main thing is that my relative feels safe."
- Where people needed support with their medication, this was clearly recorded in their care plans.
- Electronic medicine administration records (eMars) reviewed, showed people received their medicines at the right times.

Infection prevention and control

At the last inspection, the provider had failed to ensure robust measures were in place to prevent the spread of infection. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of Regulation 12.

- We were now assured that measures were in place to prevent the spread of infection, particularly in relation to COVID-19.
- Staff had received training and guidance in relation to infection prevention and control (IPC) and the correct use of PPE. Staff told us they received regular updates and guidance in relation to IPC, particularly in

relation to COVID-19.

- Staff were supported to access regular COVID-19 testing and current national guidance was followed in relation to self-isolation where needed.

Staffing and recruitment

At the last inspection, the provider had failed to ensure there were enough staff to safely meet people's needs. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of Regulation 18.

- The service had enough staff to meet people's needs and ensure calls were completed at the times agreed.
- Staff told us they felt staffing levels had improved since the last inspection. One staff member told us; "There are more staff available in comparison to when we last had our CQC inspection. I feel the team we have now is more stable."
- People and family members told us staff arrived at the times agreed and stayed the required amount of time. Comments included; "They [staff] have always been on time. I would get a phone call if a carer was running late which reassures me that they do that," "It is very rare that they[staff] arrive late but they always call me to let me know" and "The company has not missed a visit which is especially commendable during Covid."
- Safe recruitment processes were in place to ensure new staff were suitable to work with vulnerable people. Appropriate background checks were completed before new staff started to work.

Learning lessons when things go wrong

At the last inspection, the provider had failed to ensure robust systems were in place to monitor and review accidents and incidents. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of Regulation 17.

- Systems were now in place to ensure learning took place when things went wrong.
- A record of any incidents or accidents that occurred in people's homes was maintained. These showed any action taken where needed; for example referrals to health and social care professionals.
- Managers regularly reviewed accidents and incidents to look for patterns and trends to help prevent that occurring in the future.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Where safeguarding incidents occurred, managers kept a clear record to show action taken in order to prevent them occurring in the future.
- Staff received safeguarding training and showed knew how to identify and report incidents of concern.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had improved. However, this needed to be embedded and sustained over a longer period to achieve a rating of good.

At the last inspection, the provider failed to implement robust and effective governance systems which had resulted widespread, significant shortfalls in the way the service was led. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- Robust systems had been introduced to monitor the quality and safety of the service and make improvements where needed. These new systems needed to be embedded to demonstrate their sustainability.
- Following the last inspection, the manager and deputy manager completed quality reviews with people and family members to obtain their views of the service and discuss ways it could be improved. Action was being taken following these reviews to address people's concerns.
- Regular audits and checks had recently been completed in areas such as medicine administration and call times. Where issues were identified, action had been taken.
- Regular spot checks, observations and competency assessments were completed on staff to check their overall knowledge and quality of care provided.

All of these new processes needed to be embedded into the service's culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Following the last inspection, the provider had recruited a new manager and deputy manager. This had been instrumental in the improvements introduced to progress the overall quality of the service.
- The manager was also supported in their role by a newly recruited area manager and team of office staff.
- Staff spoke positively about the new manager and the improvements they had made. Comments included; "I have worked for the company for a long time and this is by far the best management team I have worked with," "The service is really well-managed compared to last year. Things have improved massively" and "Everything is so much more organised and professional."
- People and family members spoke positively of the service provided and told us they would now recommend Care at Home to others. "I would recommend the service now. In November I would have given

them 2/10 now I would rate them nine. I am impressed with how the company has turned the situation around" and "The service is 100% better than it was. I would recommend the service now."

- The manager and deputy manager were keen to promote a positive, person-centred culture and were proud to discuss the improvements they had made since their recruitment. This culture now needed to be embedded and sustained.
- Staff told us they now felt well-supported and able to approach the managers and office staff with concerns and felt confident they were be addressed.

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

- Regular reviews and calls were carried out with people and family members to provide updates and obtain their views about the service.
- Staff told us they felt more supported and listened to since the new managers started. Comments included; "The team [managers] are always looking at ways to improve and my views and opinions are valued" and "Managers are always looking for a new idea to help the company grow and we are always listened to."
- Staff received regular updates about the service and additional information and guidance through newsletters and e-mails. Newsletters included praise and acknowledgement of staff hard work and achievements and awards received by the service. One staff member told us, "[Manager] recognises our hard work. We actually feel like one team now."
- The service has worked in partnership with external agencies to ensure people received good and improved outcomes. Positive feedback had been received regarding the improvements following our last inspection.

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

- The provider complied with their duty of candour responsibilities.