

Cherish UK Limited

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Inspection report

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11 May 2018

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Cherish UK Ltd on 08, 09 and 11 May 2018. We also gathered the views of people who used the service, their relatives and staff members via telephone calls and questionnaires between the 09 and 22 May 2018. The inspection was brought forwards as a result of concerns raised by people, relatives and staff working at the service directly contacting CQC and the local authority. Prior to our inspection the local authority had introduced a service improvement plan and were supporting the service with making the necessary improvements.

Cherish UK Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults, younger adults and adults with learning disabilities or autistic spectrum disorder. The service is a member of the local authorities 'Ethical Community Services Framework' and was awarded the contract for provision of care in Atherton, Golborne and Lowton. The service also provides support to people in other areas including Wigan and Leigh. At the time of inspection 297 people were using the service.

The service was last inspected in April 2017 when it was rated as good. At this inspection we identified six breaches in four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment (two parts), staffing (two parts), person-centred care and good governance. You can see what actions we told the provider to take in the full version of this report.

At the time of the inspection there was a registered manger in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We received mixed views from people and their relatives in relation to feeling safe as a result of using the service. Some of the people we spoke with spoke positively about the care provided, whereas others commented on the staff being rushed and there being inconsistencies with carers.

We saw the service had safeguarding policies and procedures in place. Staff had all received training in safeguarding vulnerable adults and were able to demonstrate a good understanding of how to report both safeguarding and whistleblowing concerns. However we noted incidents had not been consistently reported to both the local authority and CQC.

We were aware the service had experienced issues with managing calls during the early part of the year, which had triggered the involvement of the local authority. Reviews of records and monitoring from February and March 2018 showed a number of calls had been missed or staff had attended the visit late. From speaking to people and their relatives, it was apparent some geographical areas had been more affected than others, as some people living in certain areas expressed no concerns with late or missed calls, whilst others in other areas reported feeling let down by the service.

Staff told us they had experienced problems with their rotas, both in terms of the feasibility of making the calls in a timely manner, and the lack of communication from office staff when these had been altered, which they stated was done 'at short notice, often the night before or on the same day'. Again some staff had experienced more issues than others, which they attributed to the co-ordination of the calls.

We saw that robust recruitment procedures were in place to ensure staff working for the service met the required standards. This involved all staff having a DBS (Disclosure and Barring Service) check, at least two references and work history documented.

The service had systems in place for the management of medicines. However we received mixed feedback from the people we spoke with, with some having experienced no issues and receiving their medicines as required, whilst others reported their relatives had taken over this task, due to the service being inconsistent. Reviews of Medicine Administration Record (MAR) charts, showed these had not always been completed consistently and in line with company policy. Auditing of MAR charts had not taken place consistently until recently, which meant historical issues had not been identified timely.

Staff reported receiving the necessary level of training to carry out their role. We saw all staff completed an in depth induction programme, followed by a period of time shadowing experienced care staff, before being allowed to work independently with people who used the service. Staff told us ongoing and refresher training had improved over time and welcomed the practical sessions provided. However we found staff supervision had not been completed in line with the provider's policy.

People spoke positively about the standard of care received and the caring nature of their 'regular' staff. They were reported to treat people with kindness, dignity and respect. Staff we contacted were knowledgeable about the importance of promoting people's independence and people we spoke with confirmed they were encouraged by staff to do as much for themselves as possible.

We looked at 12 care files, which contained detailed and personalised information about people who used the service, including detailed guidance on the support people wished to receive during each visit. We saw that people or their representatives had been involved initially in planning the care provided, although reviews of care had not been completed consistently.

We received conflicting reports from people, relatives and staff in regards to the management of concerns and complaints. Whilst some people reported having nothing to complain about, or their concerns being addressed, others commented on not feeling listened to, not being happy with outcomes to their complaints or frustrated at having to continually raise the same issues.

The provider utilised a range of systems and processes to monitor the quality and safety of the service. However these had not identified some of the issues we identified during the inspection and we noted a number of audits had been completed retrospectively, due to not being done at the time. This meant issues from six to 12 months ago, were only just being identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Safeguarding policies and procedures were in place and staff were aware of the process and how to raise concerns.

The service had systems and procedures in place to protect people from harm and keep them safe, however they had not consistently reported incidents to the relevant external bodies.

Some of the people and their relatives we spoke with, reported issues with punctuality and missed calls. Staff also commented on issues with rotas affecting their ability to meet needs timely.

Care files contained a range of risk assessments, however not all risk assessments viewed were accurate or had been amended in line with people's changing risks.

People's feedback in relation to the management of their medicines varied and we noted gaps and omissions on the MAR charts we viewed.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective

Staff reported receiving enough training to carry out their roles successfully.

Staff reported supervision was infrequent. Reviews of staff files and the supervision matrix, showed meetings had not been held in line with company policy.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People had consented to their care or decisions had been made in their best interest by their next of kin or representative.

Requires Improvement ●

Is the service caring?

The service was caring

Good ●

People told us that staff were kind and caring and respected their privacy and dignity.

Staff were knowledgeable about the importance of promoting people's independence and providing choice.

The service had completed annual satisfaction surveys to gather people's views on the care provided.

Is the service responsive?

Not all aspects of the service were responsive

Care plans were person-centred and individualised with information about people's life history, likes, dislikes and how they wished to be supported.

We noted some inconsistencies within care files, with conflicting information relating to people's needs or circumstances.

People and relatives told us reviews of care were infrequent and the matrix used to monitor these was inaccurate.

The service had a detailed complaints policy and everyone we spoke with knew how to make a complaint. However people's experiences when having done so varied.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led

The service had some audits and quality assurance processes in place, however these had not identified gaps in provision noted during the inspection with some being completed retrospectively, due to not being completed at the time.

We received a mixed response from people using the service and staff when asked if the service was well-led.

Staff meetings had been held recently, however these had not been facilitated consistently.

Requires Improvement ●

Cherish UK Ltd

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.

The inspection took place on 08, 09 and 11 May 2018. The first day was unannounced, which meant the provider did not know we were going. As part of the inspection we also gathered the views of people using the service, their relatives and staff members, via telephone calls, questionnaires and face to face interviews. These took place between the 09 and 22 May 2018.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience (ExE), who conducted telephone interviews with people using the service and their relatives. An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services. Four additional adult social care inspectors also carried out telephone interviews with people using the service and their relatives.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance and commissioning teams at Wigan Council.

As part of the inspection we spoke to the provider, the registered manager, operations manager, HR manager, care assessor, two care coordinators and 13 care staff. We also spoke with 11 people who used the service and 17 relatives.

We looked at 12 care files, eight staff files and 10 Medication Administration Record (MAR) charts. We also reviewed other records held by the service including recruitment and training information, policies and procedures and audit documentation.

Is the service safe?

Our findings

We received mixed views from the people and relatives we spoke with regarding whether they felt safe using the service. Positive comments included, "Oh yes, very much so. When they knock on the door they always wear their ID badge so I know who they are", "Yes, I trust them and they keep me safe" and "Oh yes, no concerns with safety". Whereas others stated, "[Relative] is safe with some carers. Some regular carers you can't fault, but other ones don't know the job and [relative] not safe in their care", "Yes and no. The reason I say that is the girls that come are lovely. But the company itself puts too much pressure on the girls. They have too much to do in not enough time, so they are rushing so I don't feel they are always providing safe care" and "No, they give the medicines wrong and never turn up when they should. That's not safe care."

We looked at the services safeguarding systems and procedures. We spoke with staff about safeguarding vulnerable adults. Each member of staff told us they had received training in this area and displayed a good understanding of how they would report concerns.

According to our records, no safeguarding incidents had occurred since the last inspection, as we had not received any notifications. Whilst reviewing the safeguarding and tier file (Wigan Council uses a tier system for the reporting of incidents. The tier file contained information submitted to the council as part of this reporting procedure), we identified three incidents reported to Wigan Council which warranted a notification to CQC. These included two people whose dietary guidelines had not been followed and a person who had fallen during a manual handling procedure. We also noted a safeguarding meeting had taken place in September 2017, linked to missed visits, which we had not been notified about either. The registered manager was unable to explain why the notifications had not been submitted.

We looked at how accidents and incidents were managed. The service had a dedicated file in place which contained a copy of the services accident and incident policy along with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and infection control guidance. Logs were in place for both people who used the service and staff members on which any accidents had been recorded, although we saw no accident forms had been completed for the three incidents which CQC had failed to be notified about.

In all of the care plans viewed, we saw a range of standardised risk assessments covering areas such as manual handling, fire and smoking, control of substances hazardous to health (COSHH) and the person's property. The risk assessments were used to identify potential hazards and ensure management plans were in place to mitigate risks. In one of the files we viewed, we noted the person had had an accident, when a piece of equipment had not been used correctly. We found no evidence the risk assessment had been updated to reflect this, nor did we see reference to the piece of equipment being in use in the risk assessment or care plan.

We looked at the systems in place with regards to medicines management. We saw staff who were authorised to give out medicines had completed training in this area and had their competency assessed, through spot checks and observation of practice.

We received mixed feedback from people and relatives we spoke with regarding the management of medicines. Some told us they had no concerns and received medicines when required, or were reminded by the carers to take them as they self-medicated, whilst others commented on the unreliability of call times affecting when medication should be administered, meaning they either received this earlier or later than they should, or a relative had taken responsibility to ensure consistency.

As part of this process we looked at 10 medicine administration record (MAR) charts. The provider used their own MAR charts. We found the completion of these to be inconsistent, albeit newer charts and those used to support medicines administration for people with a learning disability, were significantly better than older versions and the ones used for homecare. The provider's policy stated MAR charts should contain the person's full name, date of birth, name of medication, date it was prescribed, quantity and dose to be administered, form of the medicine (e.g. tablet, liquid), times for administration and how to be taken. All medicines should be signed for upon administration and any changes clearly documented. Within the MAR charts we viewed we noted positive examples, where all required information was present and all medicines signed for, however we also observed examples where dates had not been recorded, there was gaps in signatures, crosses through the MAR charts with no explanation as to what this meant and missing allergy information. It was apparent these issues had not been identified in a timely manner, as the examples viewed dated between October 2017 and March 2018.

These issues constitute a breach of Regulation 12(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, as the service had not reported incidents to relevant external bodies, ensured risk assessments were accurate and amended in line with changing risks and ensured the proper and safe management of medicines.

Prior to the inspection we had received information relating to issues with staffing levels, rotas, late and missed calls. Wigan Council had also been made aware of concerns and had been working with the provider to address these. As part of the inspection we looked at how the service ensured enough staff were deployed to meet needs, how rotas were compiled and calls monitored, as well as seeking the views of people using the service and staff members.

We had been told the majority of issues occurred in February 2018, which the provider had stated was the result of, 'unprecedented short term sickness and operational issues.' Call monitoring from February showed at least 22 missed calls had occurred, 159 calls had been over an hour late, 79 over two hours late and 18 calls had been cancelled by the service. From the end of February, we noted a reduction in the number of missed calls, with 14 occurring in March and eight in April.

We received a mixed picture about staff's punctuality from the people and relatives we spoke with. There was a clear geographical split, with the area people lived being directly related to their experiences. Comments included, "I've not had any concerns that way. They are always here at the time they should be or thereabouts", "If you'd have asked me three months ago, I'd have said they were useless. They were frequently an hour plus late. This has really improved the last few months. It's rare they are late and when they are, it's by minutes and due to traffic or something that can't be helped" and "They are not bad with time keeping they try to keep to the times given but there has to be some flexibility as they can encounter problems with other clients and traffic". Whereas other people told us, "No. They are never on time and your guess is as good as mine as to whether they will actually turn up. They should be there at 8am but if they do come it's between 10 and 11am. Meal should be 4.30pm and they can turn up at 7pm", "No, they are not just an hour or so late either. They just turn up when they want. That can be three to four hours early or late" and "Mum doesn't have regular time slots they know to come between seven and eight in the morning but lunch time, tea time and bedtime it is just pot luck."

We asked staff for their views and opinions of staffing levels and whether they could meet people's needs. Of the 13 carers we spoke with, three told us their rotas were manageable and any issues had been dealt with in a timely manner, whereas the remaining 10 all raised concerns. Comments included, "The rotas are unorganised and constantly change. We don't get them for the following week until the weekend, and they can still change after that", "Too many calls are being added so the rotas become impossible to manage. This has a domino effect and results in us being late for the next person and so on" and "Rotas are changed without you knowing or halfway into your shift. You can also get two calls being scheduled at the same. Weekends particularly are a nightmare." We were told and saw the provider had utilised staff from other branches in Blackpool and Rochdale, to assist with weekend calls as some staff employed by the service did not work weekends. We also saw a recruitment drive was underway, specifically targeting evening and weekends, which had been identified as the key time when the service struggled to meet needs.

This is a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing, as the provider had not deployed sufficient numbers of staff or scheduled calls appropriately, to ensure they met people's care and treatment needs.

We looked at infection control practices within the service. We asked the people and relatives we spoke with if staff wore personal protective equipment when necessary. Everyone confirmed staff wore gloves, however only three commented on aprons being used when providing personal care, albeit most relatives added this was not something they observed, due to privacy and dignity.

We viewed eight staff files to check if safe recruitment procedures were in place. We saw each member of staff had a Disclosure and Barring Service (DBS) check in place with an online system used to monitor and track these. A DBS check is undertaken to determine that staff are of suitable character to work with vulnerable people. All staff also had at least two references on file as well as a full work history, fully completed application forms and interview documentation.

Is the service effective?

Our findings

The people and relatives we spoke with told us overall the staff seemed to be well trained, however some remarked on newer, or less regular staff seeming "less sure of what they are doing" whilst others queried the type and length of training provided. Comments included, "The regular carer's are well trained. The young ones who come out are not, they don't seem to have any common sense", "The staff are well trained, especially the regular ones", "Yes, they are well trained. [My relative's] carer knows there needs and meets them well" and "Some are and some aren't. Some of them I have to tell them what to do."

The staff we spoke with were complimentary about training provided. One told us, "I completed induction training which was five full days of classroom training, both written and practical work. I completed this before going out on shadowing calls." Another stated, "Training has improved over last few years. It's become more practical than it used to be. This allows the carers to get a better understanding of the role." Staff told us they also shadowed experienced staff as part of their training and were only signed off to work independently when assessed as being competent. At times they would work alongside an experienced carer on a 'double up', which is when two people are needed to provide care. This was an important part in developing 'on the job' skills.

The service continued to have a dedicated training room on site and employed a full time trainer who facilitated induction and refresher training sessions. We saw a training matrix was in place which demonstrated all staff had completed mandatory sessions which were refreshed as per company policy. We saw evidence that the Care Certificate was in place at the service. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers. We saw a robust system was used for monitoring and supporting new carers, with scheduled reviews and monitoring completed during the first six months of employment.

We looked at the ongoing support provided to staff by way of supervisions and appraisals. The company policy stated that supervision should be completed at least three times per year. We completed a random check of eleven staff records, all of whom provided homecare and noted only two had completed a supervision meeting in 2018. Of the remaining nine staff members, four had completed supervision in October or November 2017 and the remaining five had not had supervision since May 2017. We were provided with a matrix, used to monitor staff supervision. We noted only 19 staff were listed as having an 'office supervision' since January 2017. This was in contrast to the matrix for learning disability staff, who had all completed at least one supervision so far this year, with some having had two. The matrix did not contain any information relating to appraisal completion.

Staff we spoke with confirmed completion of supervision had been sporadic. One told us, "I had my last appraisal after my six month probationary period since then I don't recall having had supervision."

This is a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing, as the staff had not received regular supervision in line with the provider's own policy.

We saw evidence within the 10 care plans we looked at that people's nutritional and hydration needs were addressed with detailed information relating to people's needs, support they required and any specific dietary requirements.

People and relatives we spoke with confirmed the care plan contained adequate information about their needs and the majority were satisfied with the support they received, however some queried whether staff had read the care plan in detail due to issues which had occurred. For example one person had been provided with food contrary to their dietary guidelines after the person had asked the staff for something to eat. Although this information was listed in the care file, the staff, who were unfamiliar with this person, had responded to the request but not checked the care file. We saw after this matter came to light, the service had put processes in place to prevent a re-occurrence.

In each of the care files we looked at, we saw either the person themselves, or their representative in the person's best interest had signed a contract agreeing to the care and support people received. We also saw consent forms, which people had signed. The form contained a tick box which people had completed to indicate what they consented to. This included completion of an initial assessment, reviews of care, provision of care, spot checks of staff and record keeping.

People or relatives we spoke with told us they had been involved in discussing the care and making decisions about the type of support they would like. One told us, "Yes, had an initial meeting to make sure. Had to meet the carer first too to make sure the right person to meet [relatives] needs". Another stated, "I have been involved in my husband's care needs. One of the staff came to our house and spoke to us regarding the care that need to be provided." A third said, "Yes I was involved in discussions about the support my husband needs and they came to my house to discuss it. I was happy at the beginning with what they said they would provide."

We were also told staff always sought people's permission before providing care. Comments included, "The regular carers are brilliant and they always ask for permission" and "Yes they always ask permission, they tell him what they are doing." Staff we spoke with were mindful of the need to gain consent as well as the importance of explaining what they intended to do. One stated, "I speak to each person and ask if it's okay to do whatever I need to. I make sure to explain what I am doing and make sure they are comfortable with this."

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 Act 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.

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area. One staff member told us, "The mental capacity act is there to protect people who are unable to make their own decisions, through not having the mental capacity to do so. It covers a range of areas such as best interest."

Is the service caring?

Our findings

People who used the service or their relatives spoke positively about the carers who provided support. Comments included, "In all honesty, the staff are very nice. Genuinely couldn't grumble about them", "They are pretty good and I get on with them well. We have a good chat", "The staff are very good and I couldn't ask for better" and "The staff are very nice girls I can't fault them. I feel the girls in the office don't understand the carer's job, they haven't a clue and I wish they could do the job and see what the girls have to put up with. They work so hard and work very long hours."

People or their relatives also told us staff were kind and caring. One relative said, "They are kind and caring. They talk to her and the regular carers have a laugh with her and they make her feel happy and make a fuss of her". Another stated, "The carers are all kind and caring I can't fault them' Mum likes them all they treat her very well and she can be difficult to cope with." Whilst a person told us, "Oh yes, they are looking after me well. My regular ones are the best. "

Staff members we contacted displayed a clear understanding of how to ensure people's privacy and dignity was maintained. Staff commented on the importance of respecting people's wishes, ensuring doors and curtains were closed when providing personal care and involving people in what they were doing. People we spoke with told us they felt treated with dignity and respect by the staff that supported them. Comments included, "Yes I can't complain about that", "They look after me well in that area" and "All the time, they are very respectful."

The staff we spoke with also displayed awareness and understanding of how to promote people's independence. One told us, "I try to promote independence by allowing the person choices in all decisions...encouraging them to take part in activities and get back into their daily routine." Another stated, "I encourage and suggest they do as much for themselves as possible, as long as they are safe."

People using the service and their relatives confirmed that staff supported them in maintaining their independence. One told us, "They ask if I need help in the shower, as I can't reach certain parts such as my back. I do the rest though." Another stated, "They try and make him do things, they try to get him to put his dirty washing in the machine. They take him to the shops and try to get him to do things there too."

Within each care file we viewed, we saw consideration had been made to respect people's religious and cultural wishes and beliefs. Each person had a religion and culture care plan, which sought to determine what support people required to practise their religion and capture details of any specific cultural or religious observations carers would need to know about.

Is the service responsive?

Our findings

We asked people or their relatives whether they had a copy of their care plan and whether this was ever discussed with them. We received mixed feedback, with some confirming they had a file and had been through this with staff, whereas others had no knowledge of their care plan and reported never discussing this. One person told us, "Yes, it's here in the window. They asked me questions about what my needs were and plans were drawn up." Another said, "I know about the care plan and had a great deal of input into how it was developed. The file is kept in the house." Whilst a third person stated, "Have had one previously, but not sure where it is kept at the minute. It has been discussed when we first started, but nothing since." A fourth told us, "Not aware of any care files and nobody to my knowledge has ever been through one with me."

We asked the registered manager about 'home file' reviews, which involve ensuring care files in people's homes are up to date and accurate. We were told, "These have been put on hold. The seniors do them, but have been doing a lot of care, so not had the opportunity." We saw the service had a matrix to monitor the completion of annual care plan reviews. Of the ten people whose files we looked at, five had had their care plans updated in 2018, so were not due to be reviewed until 2019. Of the remaining five, the matrix indicated two had not been reviewed since 2013, another since 2015 and two more since 2016. It was not clear how accurate the matrix was, as the care plans in one person's file were dated 2015, yet the matrix stated they had not been reviewed since 2013. We saw in another person's file evidence a review had taken place in April 2018, whereas the matrix said none had occurred since October 2015.

We spoke with people and their relatives about whether their care plan and the support they received had been reviewed, to ensure it continued to meet their needs. Of the 28 people or relatives we spoke with, only three could remember this occurring. One person said, "Yes, I have spoken to a man recently. He sat down and listened to all my thoughts and they are in the plan now." However other comments included, "We've had a meeting, but only because I asked for it", "No, nobody has been for a long time to talk about the plan" and "No one has ever asked if I am still happy with it or if it needs changing."

As for the care files themselves, we saw these contained four main sections covering referral documentation, care plans, reviews and monitoring and correspondence. We saw the service was in the process of introducing new care plans, which we noted were much more detailed and person centred than the old version. We found the new care plans contained detailed personalised descriptions of how people wanted to be cared for during each visit. There was also information relating to the person's background, interests, like and dislikes along with how they wanted to be treated. For people with specific medical conditions, care files contained detailed information about the condition, symptoms and how it could affect them. This meant staff had the necessary information to support each person correctly and in a more person centred way.

The Accessible Information Standard (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. Our reviews of care files, demonstrated the provider was meeting this requirement by identifying, recording and sharing the

information and communication needs of people who used the service with carers/staff and relatives, where those needs related to a disability, impairment or sensory loss.

However despite the positive information noted, we did observe some inconsistencies between previous care plans and the updated ones. For example, one person's previous communication care plan stated they were deaf in one ear, however the new plan said, 'I am able to hear clearly'. Another person was reported to have a pet dog on one plan, but a pet hamster on another. We also saw evidence which suggested elements of the care plans were the same for everybody, rather than completed individually. For example, each care file contained a 'how you can best support me' section. The same information was recorded in each person's file, this involved 'sending staff that are jovial' and 'look to encourage and implement social inclusion and look for one off social events' to attend. In one instance the person was unable to leave the house due to their medical needs, so this information was not relevant to them.

We looked at whether the service was responsive to people's needs. Once again we received mixed feedback, with some people and relatives very happy with the service, and others less so. One person we spoke with told us, "Most certainly, they do everything they should for me." Another said, "They do very well for me. They meet my care needs and I am happy." Whereas a relative stated, "They didn't turn up on numerous occasions, meaning my relative wasn't supported to the toilet or been fed. I wouldn't say that's responsive to their needs." Another relative told us, "The service meets his needs during the week but at the weekend the service is terrible. If you ring up the office and request something, I don't think they share any information."

Overall people we spoke with confirmed they were offered choices wherever possible, such as what clothes to wear or what they would like to eat or drink. The one area of concern raised was linked to call times, as both people and relatives commented on preferred times, especially at night not always being followed. On occasions this resulted in people being supported to go to bed much earlier than they would otherwise choose to. One relative told us, "He used to be put to bed at 9.30 to 10pm and that was fine he accepted that. But lately the girl in the office has changed the routines and now they put him to bed at 8.30 which he doesn't like. This happens when his regular carers are not on duty." Another said, "My husband likes to stay in bed in the morning so they come around after half past ten which is good, he likes that. But in the evening, they come at 7pm and they put him in bed which he doesn't really like as it is very early."

These issues constitute a breach of Regulation 9(2)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to person centred care, as reviews of care files and care plans had not been completed consistently with all people using the service, peoples preferences were not consistently met or explanations consistently provided where this was not possible and information contained within care files was not always accurate.

Whilst reviewing documentation within the office, we noted two positive examples where a staff member had been responsive to a person's needs. The person had experienced some issues with incontinence and also with their bed no longer being suitable. The staff member made referrals to the required professionals which resulted in the person receiving a new bed and support with their continence.

We looked at how the service managed complaints. A complaints file was in use which contained copies of the provider's policies and procedures. The file also included a log onto which all complaints received had been documented along with action taken and outcomes. We noted nine formal complaints had been received in 2018. The policy stated all complaints would be dealt with by the registered manager; however we saw this had not occurred with either the operations manager or other senior staff members carrying out this task. The provider told us this was a conscious decision to lighten the work load of the manager and

ensure a more independent view was taken when looking into complaints. For each complaint, we noted action had been taken and a written response provided.

The people and relatives we spoke with all knew how to make a complaint, telling us they would contact the office, however for those who had raised a complaint, the majority of experiences were reportedly not very positive. One person told us, "I haven't made a complaint but I have raised a concern about the carers being late sometimes. I told them I wasn't happy and they have sorted the problem out now'. However another person told us, "Whoever I speak to, they don't listen or blame somebody else." A third said, "I have complained numerous times about missed visits and about if she has been left too long, but they have done nothing. They just apologise but nothing changes." A fourth stated, "I complained about a staff member and asked they not be sent anymore. They continued to send them, and I had to ring twice more. The manager told me it had already been flagged on the computer not to send this person. I assume [co-ordinator's name] had ignored this." A fifth told us, "I know how to make a complaint and I have made some. I was made to feel that I shouldn't have complained and it was insinuated I was bullying a member of staff."

When viewing the annual quality assurance questionnaires which had been completed between December 2017 and February 2018, we noted people had been asked whether they had made a complaint and if so had it been addressed to their satisfaction. The responses to the survey differed somewhat to those we received during our interviews. We noted of the 37 people who had made a complaint, 63% had stated they were happy with the service's response.

We saw the service provided training in end of life care, although all staff had yet to complete this module. We noted the provider could continue to provide a domiciliary care service alongside relevant community professionals, such as district nurses, to support people requiring end of life care to remain in their own home.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

The registered manager had submitted an application to cancel their registration and was due to leave the service within the next four to six weeks. The provider told us a new manager had been appointed, with the aim of them starting in time to complete a handover prior to the current registered manager leaving. It was apparent from observations, reviews of documentation and speaking to staff, the registered manager was being phased out, as they had been relieved of line management responsibility for office based staff, had not been involved in certain meetings and some of their other responsibilities had been re-allocated.

As a result of the managerial changes, there was currently not a clear management structure within the service. A number of staff we spoke with referred to the nominated individual, who is also the owner, as taking a lead, along with the operations manager, neither of whom were based at the service full time. Similarly some of the people we spoke with named the nominated individual or operations manager, when asked who the manager of the service was.

During the last inspection in April 2017, we made a recommendation that the service reviewed its staff meeting arrangements and the absence of a policy relating to staff meetings and frequency, along with considering the current auditing process and whether this effectively monitored the quality of service provision on a regular, ongoing basis.

During this inspection we checked to see if our recommendations had been actioned and found staff meetings had been held bi-annually. We saw two drop in sessions had been held for care staff in April 2018, one in Golborne and one in Atherton. These were held to allow care staff to voice their concerns and frustrations regarding perceived communication issues between themselves and the office and the management of their rotas. This was following on from the issues the service had experienced in February 2018. We also saw meetings had been held in November 2017, with an agenda and minutes for all meetings completed and available. We were told information was also communicated to staff between meetings via their mobile phones, to ensure they were kept updated.

We saw new meetings for the senior carers and care assessor had been introduced, with two taking place to date in April and May 2018. We noted the minutes of the April meeting included the fact seniors should be holding monthly staff meetings. The seniors had raised concerns about the amount of care shifts they were covering impacting on their other responsibilities, which tallied with what the registered manager told us regarding care reviews not being completed consistently.

In regards to audits and quality monitoring systems, the service had continued to hold a monthly management meeting involving the registered manager, operations manager and managing director which

included reviews of team performance and development, recruitment, retention, sickness, call monitoring and missed visits. Action points had been generated at the end of each meeting and reviewed at the next. The managing director had also continued to complete monthly internal audits, focussing on one area of service provision per month. From reviewing the last 12 months, we noted this process had not identified some gaps in provision which we found during inspection. The KPI audit for December 2017 made no reference to the Wigan branch, focussing only on the Blackpool branch. Issues with completion of MAR chart audits, visit record audits and supervision completion had also not been picked up.

We saw the service completed audits of MAR charts and visit records to ensure they had been completed correctly and any issues could be addressed with the staff responsible. We reviewed a sample of MAR chart audits and noted the service had fallen behind with this process. MAR charts dated July, August, October and November 2017 had only been audited in May 2018. Similarly, reviews of visit record forms which covered call times, details of care provided, food and fluid information, concerns and client comments, had been completed in May 2018 on records that were up to 12 months old. The registered manager was unsure why focus hadn't been on auditing more recent documentation rather than retrospectively reviewing out of date information.

This is a breach of Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance, as the provider did not effectively assess and monitor the quality and safety of the service and ensure effective communication with staff through completion of scheduled meetings.

We asked people and their relatives if they thought the service was well-led. We received a mixed response. One person told us, "[Owner's name] rang a couple of months back to apologise for the service and missed visits and things. She told me they were addressing things and that it would get better and it has." Another said, "When I have spoken to the office, they do apologise and on the last occasion I was told that someone was disciplined". Whereas another told us, "I have raised some concerns but there doesn't seem to be any organisation in the office and I feel [person spoke with] should have told the manager and the manager should have spoken to me but they didn't." A fourth stated, "The response I got was, we'll sack her. They didn't look at the paperwork or try to find out why the issues occurred."

We asked staff whether they enjoyed working for the company and if they felt supported and listened to by the management team. Three staff members told us they were happy and had no issues, with one stating, "Yes I feel they do listen and are genuinely concerned for staff and client welfare." However the remaining ten all expressed concerns with not feeling listened to or supported. The main theme revolved around the co-ordination of rotas and feasibility of what they had been asked to do. One told us, "I have concerns with my co-ordinator and feel totally unsupported. Concerns never get sorted, messages not passed on to people." Another stated, "I have grave concerns about [co-ordinator], I don't feel they are in the right role. They don't listen or follow through with requests. They have also provided advice which could have been dangerous had it been followed." Staff told us they had raised their concerns to the manager and the owner, however felt nothing had changed, with one commenting, "We have all expressed our concerns about [co-ordinator], however [owner] won't hear a bad word said about them."

In order to capture people's views about the service, we saw an annual survey was carried out. This was last done between December 2017 and February 2018. We saw the service received 196 responses from a possible 275. The survey had been completed via telephone, with people being asked five questions relating to how happy they were with the carers, office staff and overall service, as well as whether they had made a complaint and if so had it been resolved to their satisfaction. 76% of people asked stated they were happy with the service.

We saw annual staff satisfaction surveys had been carried out, with the last one completed in 2017. The service had sent out 76 questionnaires and had 23 responses. Of those 23, 16 had said they felt valued and cared about and 19 had said they would recommend the service. Comments and suggestions made by staff as part of this process included, better communication when rotas are changed and sending rotas out in advance, rather than the weekend before. We saw that whilst this had not yet occurred, the service was working towards being in a position to send out rotas at least a week if not more in advance.

The service had a range of policies and procedures in place, which were stored both electronically and in paper form. This included key policies on medicines, safeguarding, MCA and moving and handling. Policies were regularly reviewed and updated centrally at provider level, so that the most up to date copy was always available.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Reviews of care files and care plans had not been completed consistently with all people using the service, peoples preferences were not consistently met or explanations consistently provided where this was not possible and information contained within care files was not always accurate.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service had not reported incidents to relevant external bodies and ensured risk assessments were accurate and amended in line with changing risks.</p> <p>The provider had not ensured the proper and safe management of medicines, as MAR charts had not all been completed in line with the providers own policy and these issues identified in a timely manner.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not effectively assess and monitor the quality and safety of the service and ensure effective communication with staff through completion of scheduled meetings.</p>

Regulated activity	Regulation
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Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not deployed sufficient numbers of staff or scheduled calls appropriately, to ensure they met people's care and treatment needs.

Staff had not received regular supervision in line with the provider's own policy.